

Name
in
Full

Albert (M.P.)

CERTIFICATE OF DEATH

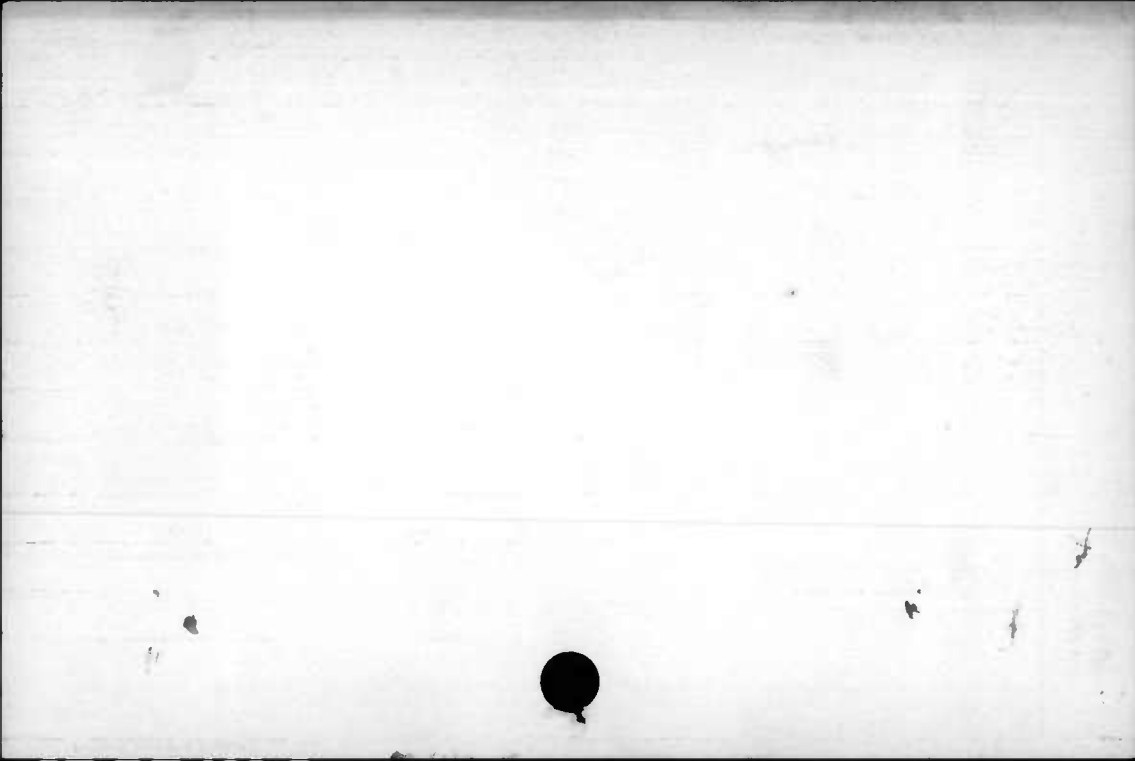
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i> Tcwn		<i>Indriest</i> County		MARYLAND	
Date of death	<i>1905</i> <i>June</i> <i>28</i>	Age	Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Brunswick</i>
Occupation	<i>none</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>George Albert</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Ida May Ray</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Ida m Ray</i>			How related to deceased	<i>mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature birth</i> <i>6 1/2 mo</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. Horine</i>
		Address	<i>Brunswick</i> <i>md</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

Wesley Barnes (Twin)

CERTIFICATE OF DEATH

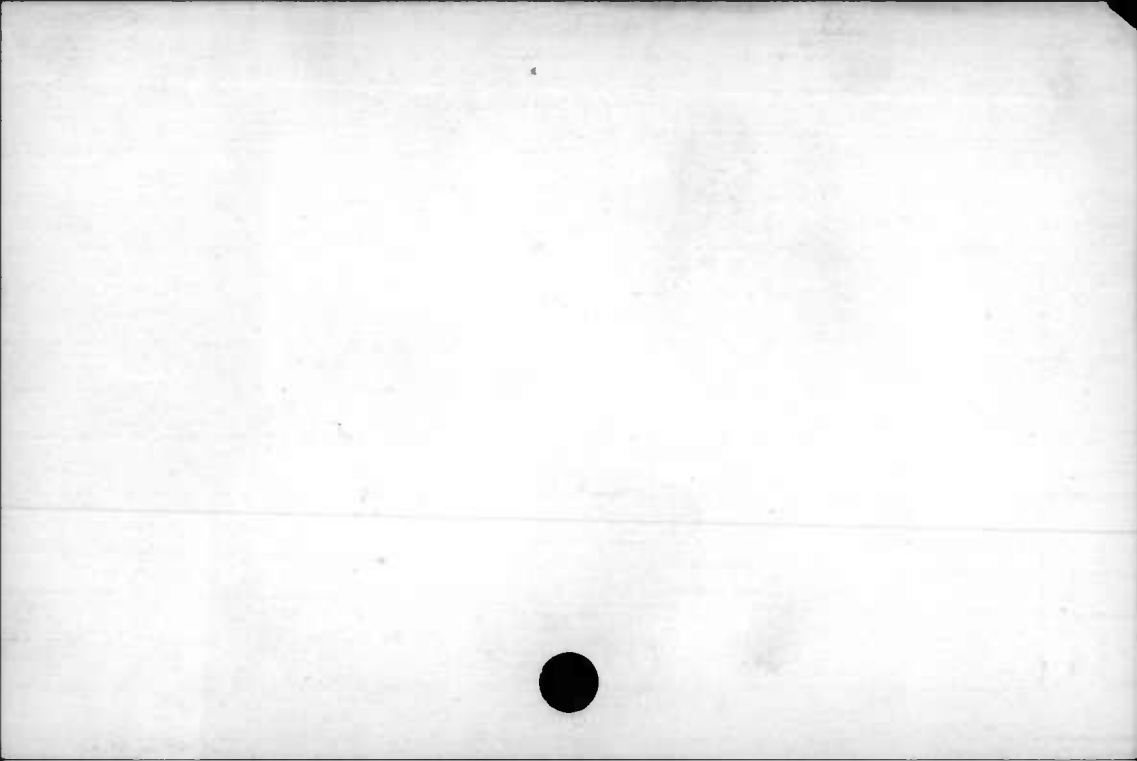
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		<i>Frederick</i>		TOWN		COUNTY		MARYLAND	
Date of death <i>1905</i>		<i>6</i>		Month		<i>19</i>		Day	
Age		<i>—</i>		Years		<i>—</i>		Months	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>City</i>		Days <i>21</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>					
Father's Name <i>Albert Barnes</i>				Father's Birthplace <i>City</i>					
Mother's Maiden Name <i>Clara Brown</i>				Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs Barnes</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>—</i>		How long <i>—</i>	
Immediate <i>Spasms</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None in attendance</i>	
		Address <i>Thomas P. Rice</i>	
Accident or Suicide?		<i>Funeral Director</i>	



Name
in
Full

CERTIFICATE OF DEATH

Agnes C. Boyd

Town

County

Died at

Frodor

Frodor

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

6

22

Age

2

3

17

Sex

Female

Color or
Race

Black

Birth-
place

City

Occupation

Where Residing if not
at place of death

Same

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Wm Boyd

Father's
Birthplace

City

Mother's
Maiden Name

Alice Roberson

Mother's
Birthplace

"

Name of person giving
In formation

Mrs Boyd

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Asthma

How long

Don't know

Immediate

Whooping Cough

How long

(Slight cold) Don't know

Are the name, age, sex, color, date
and place correctly given above?

Yes

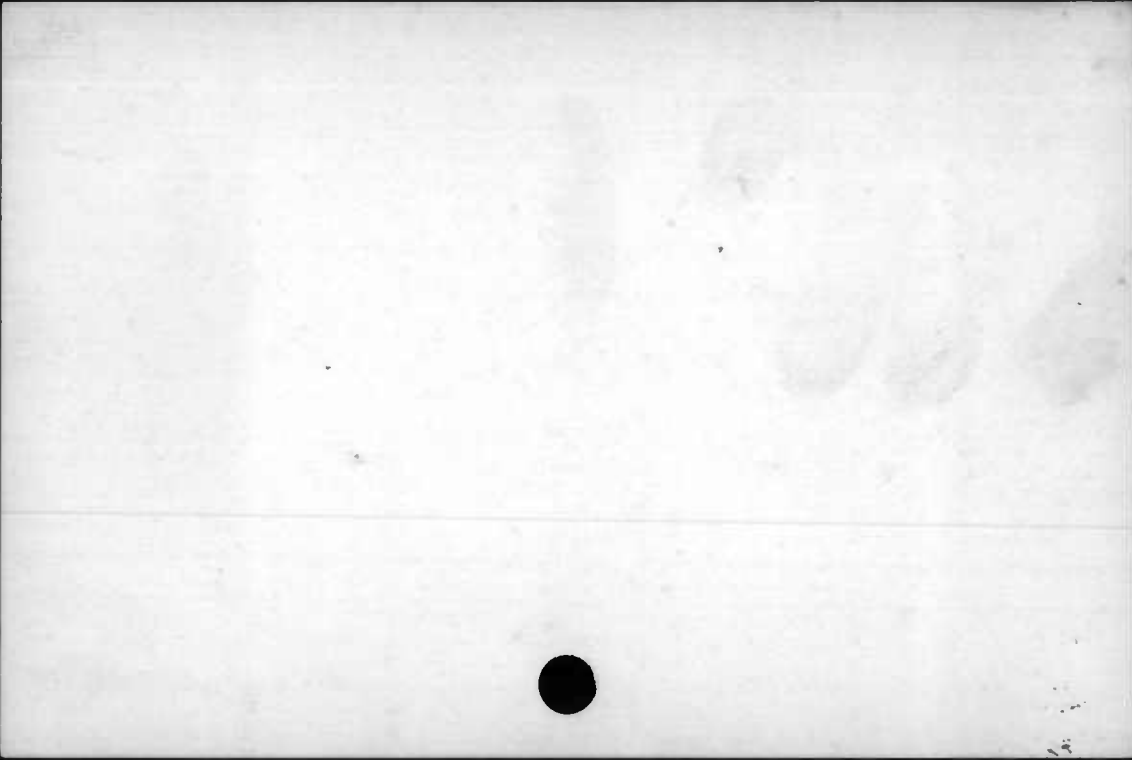
Signature of
Physician

Address

H. P. Fahrney
Frederick, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

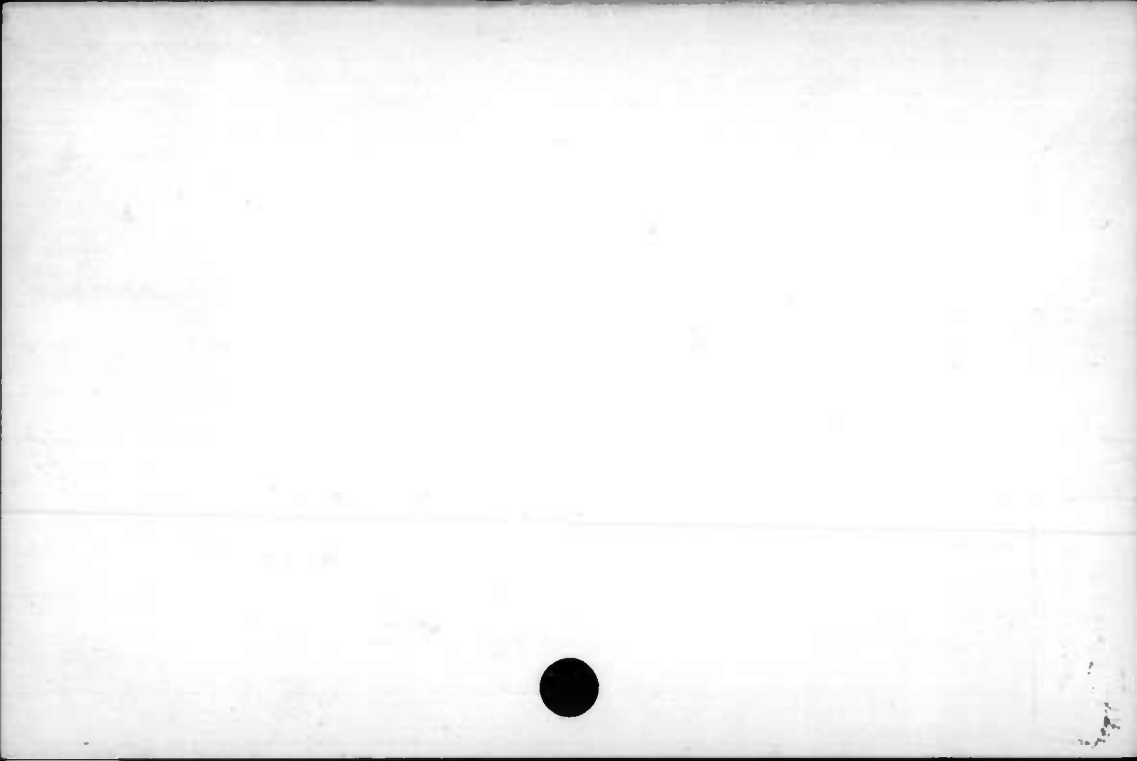
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Boyer</i>		Town <i>Kempstown</i>		County <i>Fredmont</i>		MAYLAND	
Died at <i>Kempstown</i>		Month <i>June</i>		Day <i>14</i>		Years <i>81</i>	
Date of death 190 <i>5</i>		Month <i>June</i>		Day <i>14</i>		Age <i>81</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ma</i>		Months _____	
Married, Single or Widowed <i>Married</i>		Occupation <i>Labourer</i>		Months _____		Days _____	
Name of Wife or Husband <i>Elizabeth Boyer</i>		Occupation <i>Labourer</i>		Months _____		Days _____	
Father's Name <i>John Boyer</i>		Occupation <i>Labourer</i>		Father's Birthplace <i>Ma</i>		Months _____	
Mother's Maiden Name <i>Elizabeth Day</i>		Occupation <i>Labourer</i>		Mother's Birthplace <i>Ma</i>		Months _____	
Name of person giving In formation <i>James D. Boyer</i>		Occupation <i>Labourer</i>		How related to deceased <i>Son</i>		Months _____	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. G. Ford M.D.</i>
Accident or Suicide? _____	Address <i>Kempstown Ma.</i>



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Emmitsburg Frederick

Town

County

Date

of death *1905*

Month

6

Day

17

Age

Years

58

Months

4

Days

28

Sex

male

Color or
Race

White

Birth-
place

Pa

Occupation

Farmer

Where Residing if not
at place of death

Married, ~~Single~~

~~Widowed~~

Name of Wife or
Husband

Malinda Brown

Father's
Name

Samuel Brown

Father's
Birthplace

Not Known

Mother's
Maiden Name

Eliza Myers

Mother's
Birthplace

" "

Name of person giving
In formation

Malinda Brown

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Em Stroke

How long

Three hours

Immediate

Em Stroke

How long

Three hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Michaelbey

Address

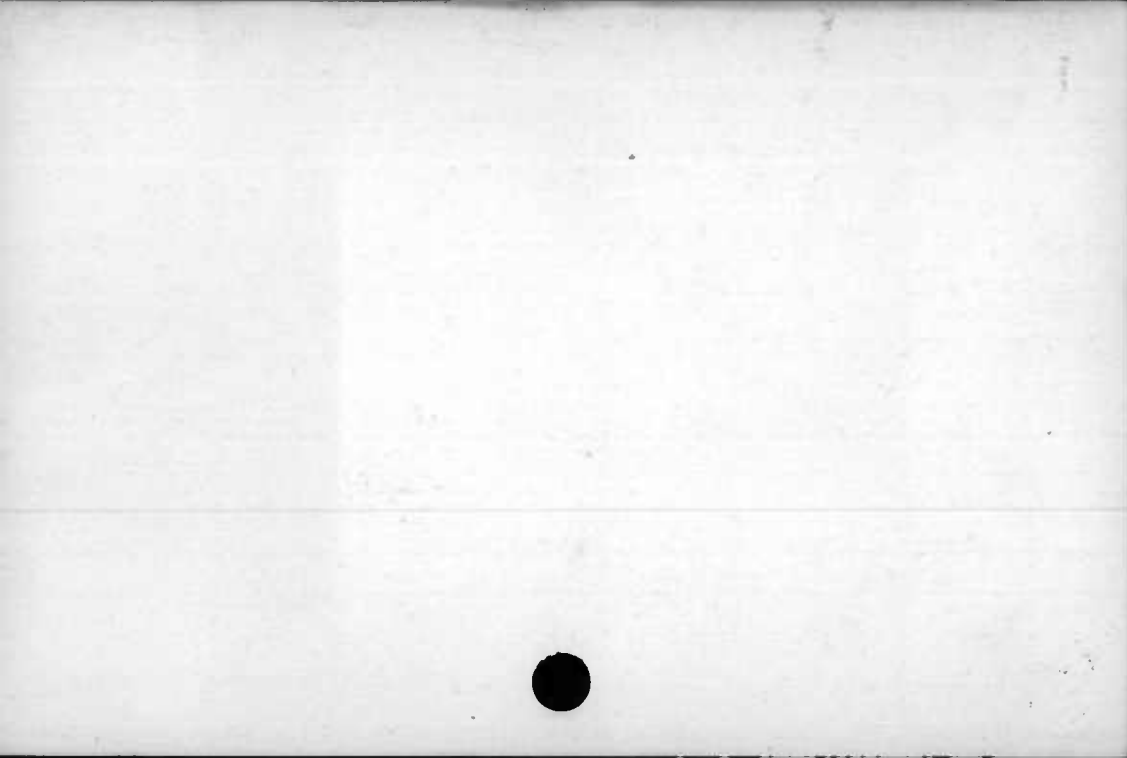
Emmitsburg

Pa

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William T Burdette

CERTIFICATE OF DEATH

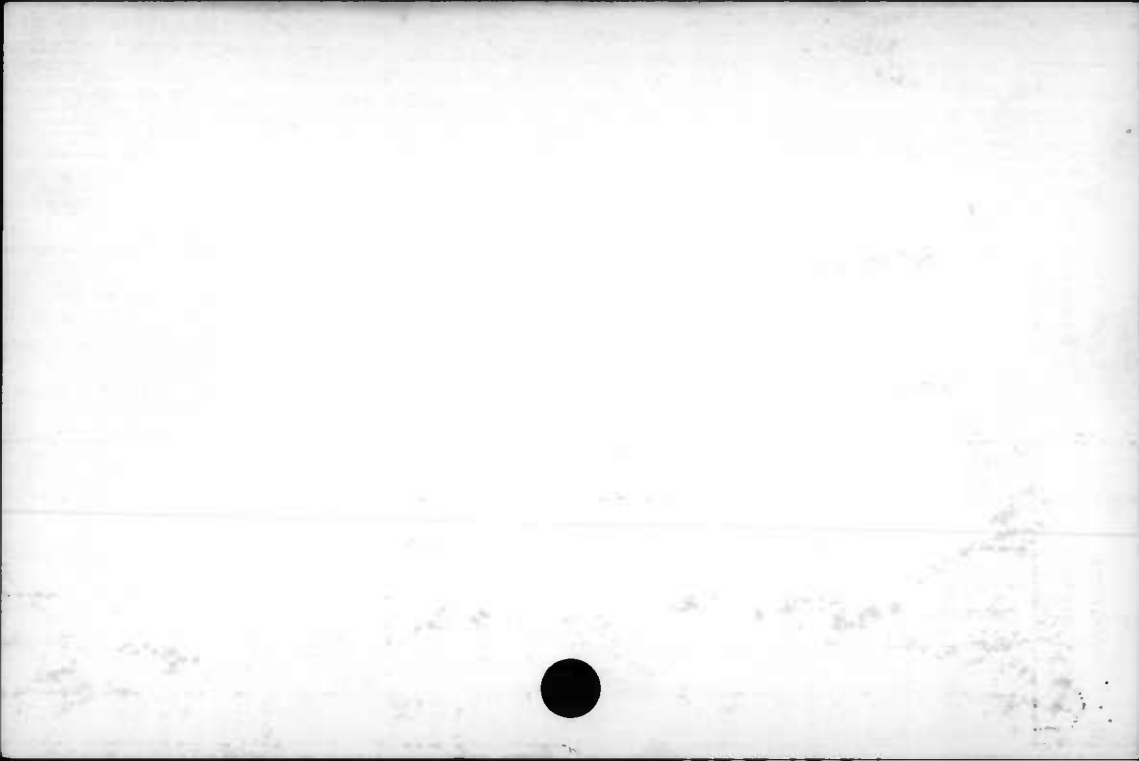
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Frederick		MARYLAND	
Date of death 190	5-	Month June	Day 22	Age 89	Years	Months 9	Days
Sex Male		Color or Race White		Birth- place Md			
Married, Single or Widowed		Married		Occupation Labourer			
Name of Wife or Husband		Niece Burdette					
Father's Name		John Burdette				Father's Birthplace Md	
Mother's Maiden Name		Don't Know				Mother's Birthplace Md	
Name of person giving Information		Samuel Molerworth				How related to deceased Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senile Debility	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. C. Fout M.D.	
Address		Annapolis Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Julius Caesar.

Town

County

MARYLAND

Died at

Montinure Hospital

Date

Month

Day

Years

Months

Days

of death 1905

June

25

Age

62

Sex

Male

Color or
Race

Black -

Birth-
place

Occupation

Sergeant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

General debility

How long

Immediate

How long

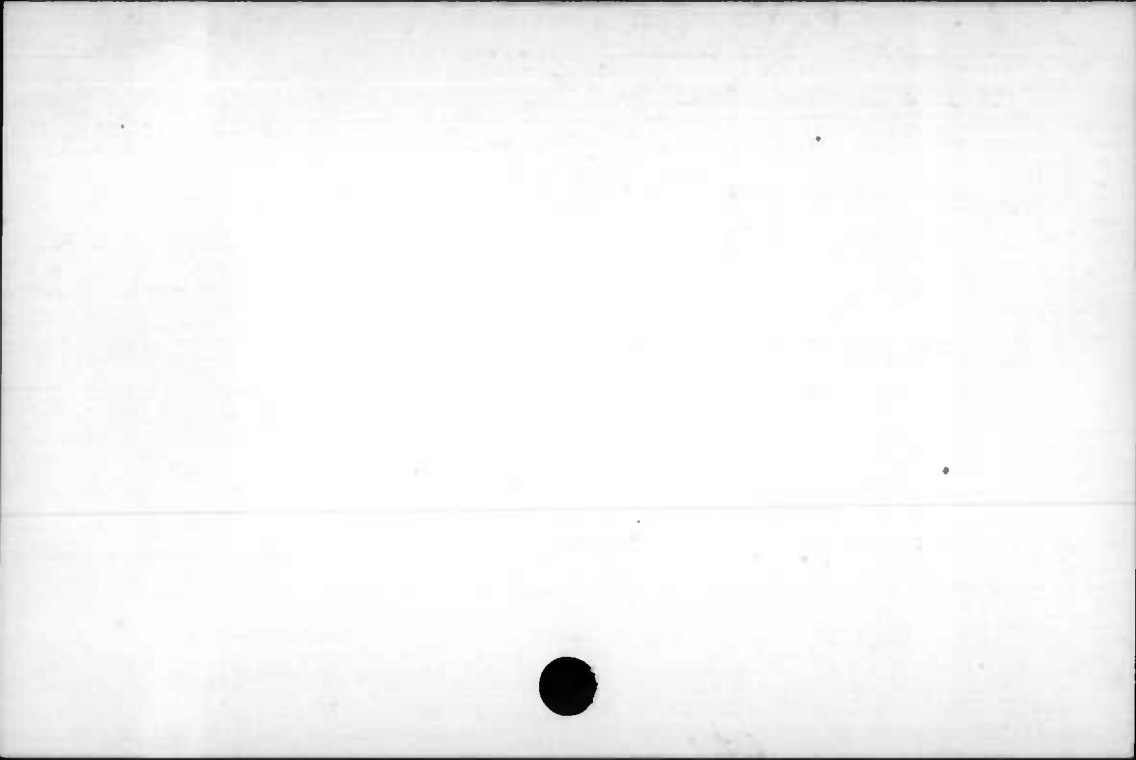
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

R. S. Tyson
Frederick
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Still Born Child of Grace Beasars

CERTIFICATE OF DEATH

Died at Fredrick Town Fredrick County MARYLAND

Date of death 1905 Month 6 Day 28 Age — Years — Months — Days —

Sex Female Color or Race Black Birthplace Fredrick

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Lora Brown Father's Birthplace Fredrick

Mother's Maiden Name Grace Beasars Mother's Birthplace Fredrick

Name of person giving information Grace Beasars How related to deceased Mother

CAUSES OF DEATH

Primary — How long —

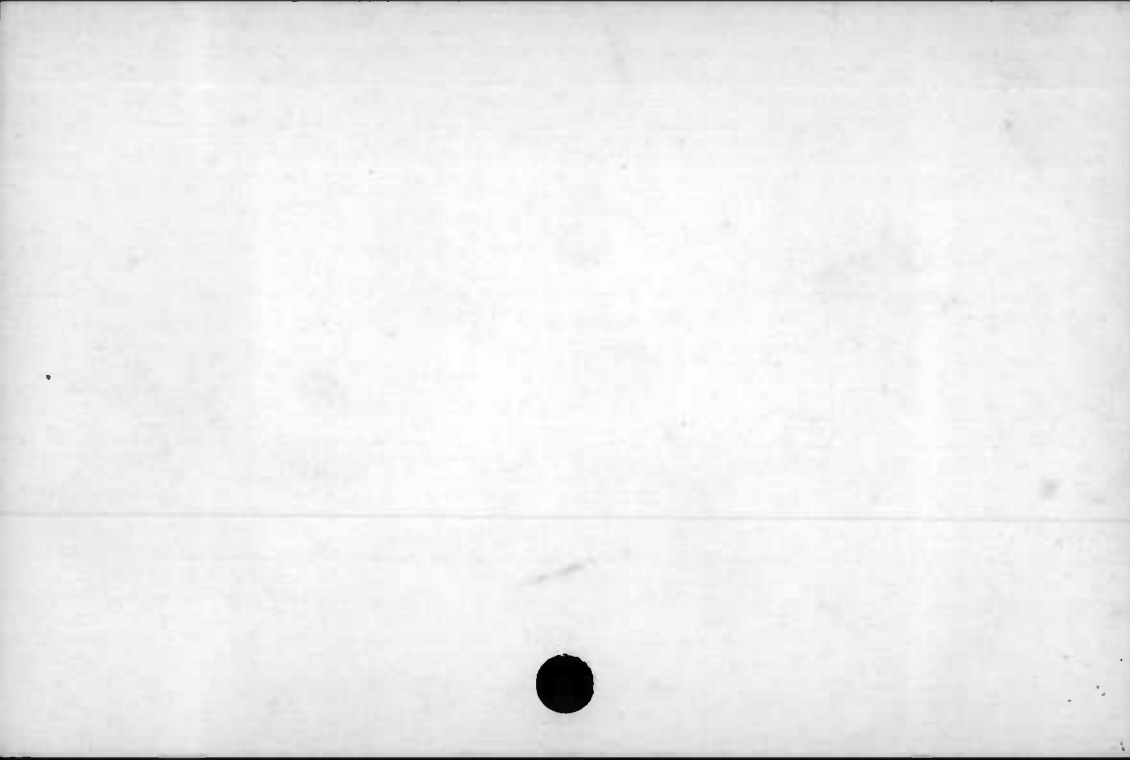
Immediate Still Born How long —

Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician None

Address

Thomas R. Price
Funeral Director

Accident or Suicide?



Name
in
Full

Charles Martin Clem

CERTIFICATE OF DEATH

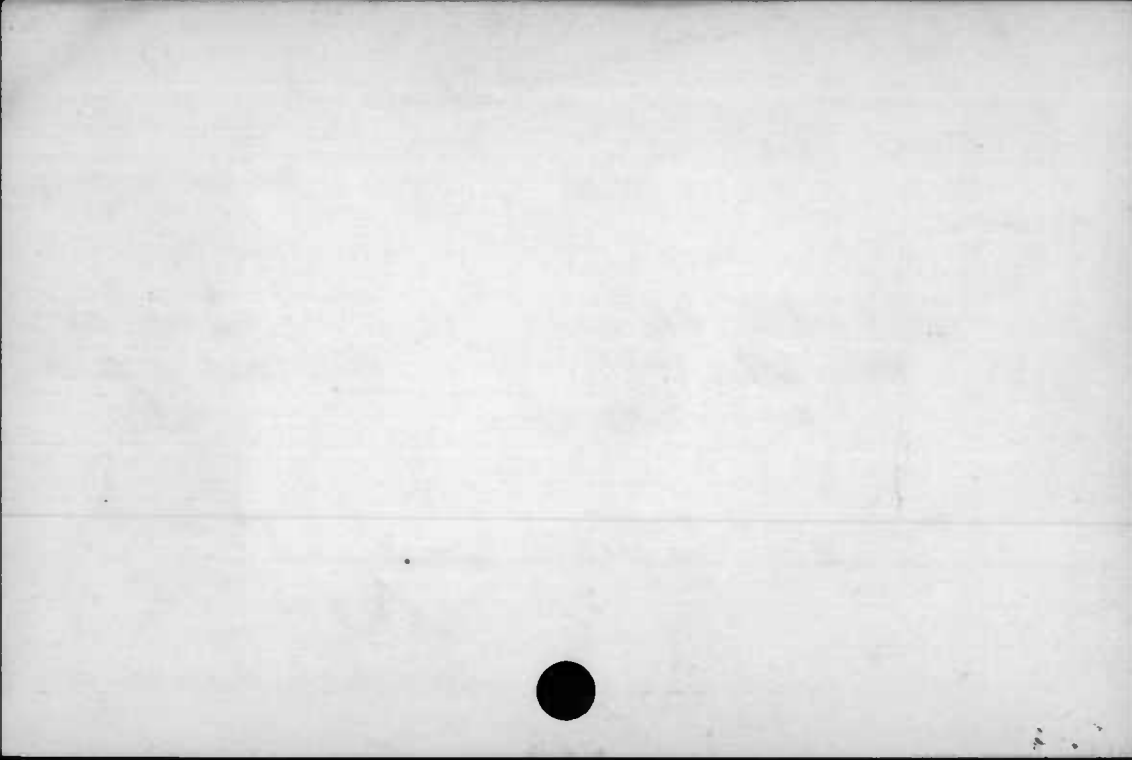
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ladiesburg</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>3</i>	Age <i>1</i>	Months <i>10</i>	Days <i>7</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>York Road, Carroll Co., Md.</i>	
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>Martin Luther Clem</i>			Father's Birthplace <i>Fred's Co., Md.</i>		
Mother's Maiden Name <i>Mary Ellen Mills.</i>			Mother's Birthplace <i>Washington Co. Pa.</i>		
Name of person giving information <i>Martin Luther Clem</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Starvation and vomiting.</i>	How long <i>12 days.</i>
Immediate <i>died with symptoms of epidemic cerebro-spinal meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John I. Liggett, M.D.</i>
	Address <i>Ladiesburg, Frederick Co. Md.</i>
Accident or Suicide?	



Name
in
Full

Mary Davis

CERTIFICATE OF DEATH

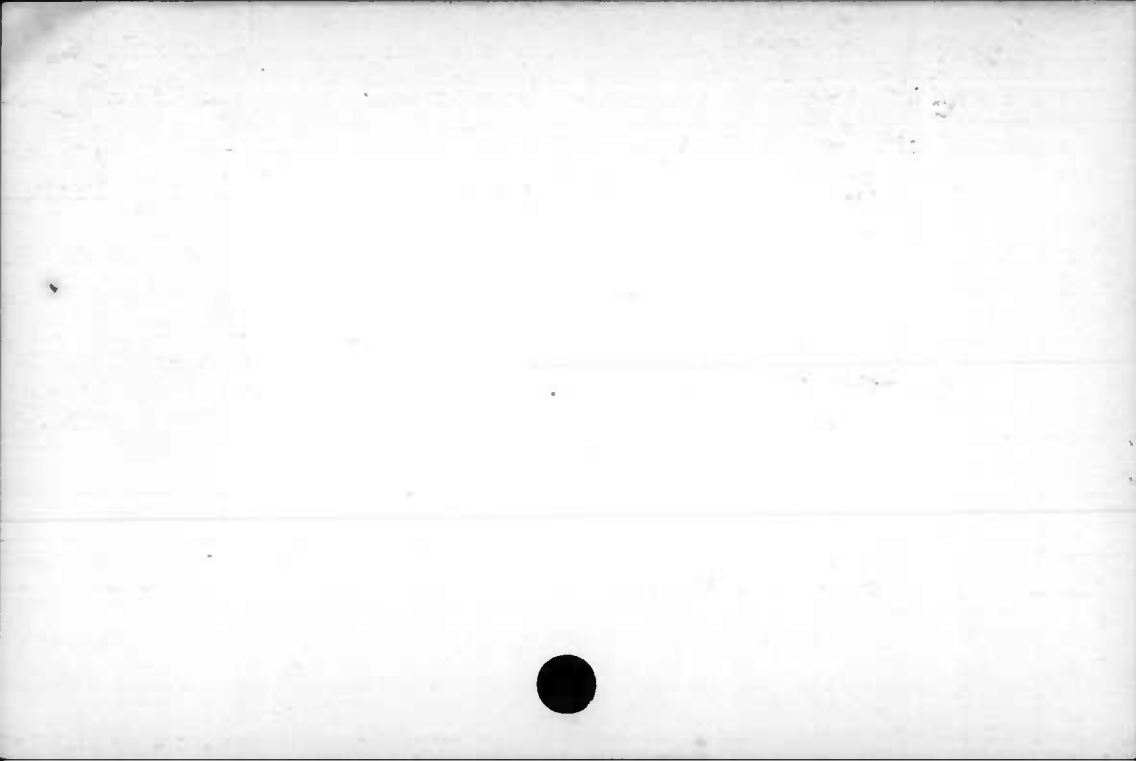
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Liberty Town		Frederick County		MARYLAND							
Date of death		190	Month	June	Day	10	Age	65	Years	3	Months	9	Days
Sex		Female		Color or Race		Colored		Birth-place		Frederick Co.			
Occupation				Housewife				Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband				William H. J. Davis					
Father's Name		Benjamin Steward						Father's Birthplace		Frank Co			
Mother's Maiden Name		Harriet Richardson						Mother's Birthplace		Ford R Co			
Name of person giving information		Ann Davis						How related to deceased		Husband			

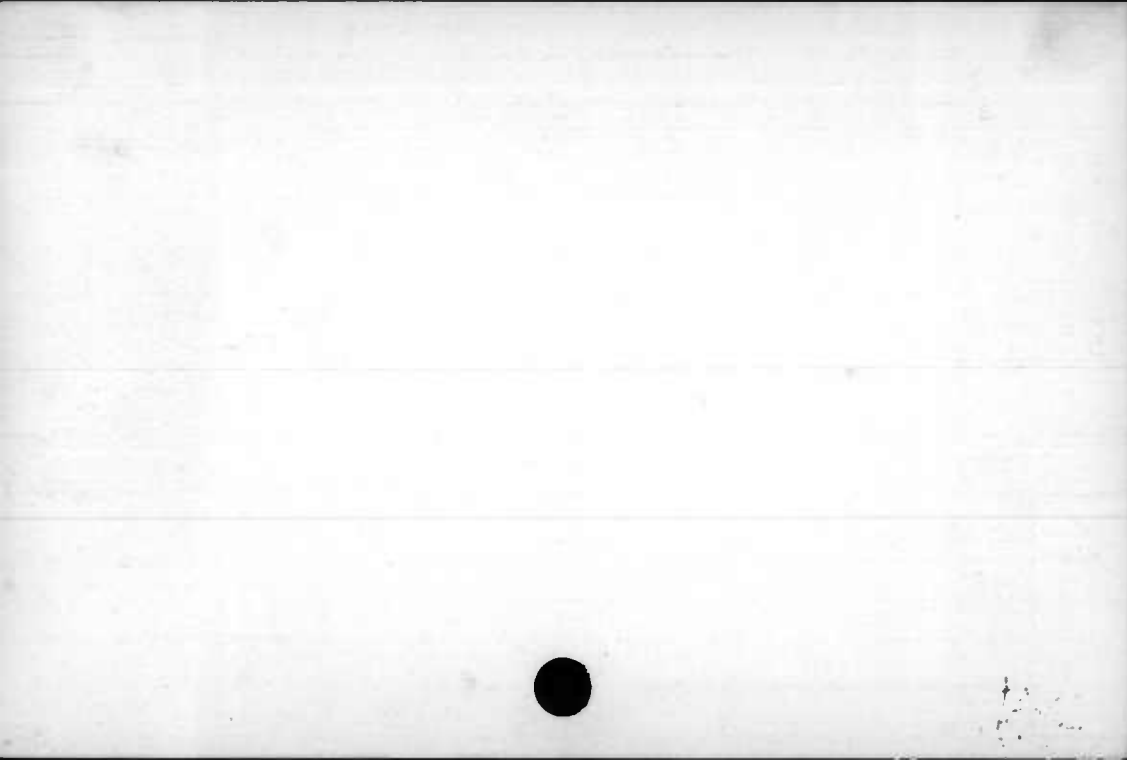
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Mitral Regurgitation & chronic Bright's		How long		3 yrs	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		O. B. Stone	
				Address		Liberty Town Md.	
Accident or Suicide?							



Name in Full		R Ross Davis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Montrose Hospital	County Frederick		MARYLAND		
	Date of death	1905	Month June	Day 9	Years 29	Months	Days	
	Sex	male		Color or Race	Black		Birth- place	Baltimore Co
	Occupation			Where Residing if not at place of death				
	Married, Single or Widowed			Name of Wife or Husband				
	Father's Name				Father's Birthplace			
	Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Acute Mania			How long		
	Immediate		Exhaustion			How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
				Address				
Accident or Suicide?			R. S. Lyson Frederick Md.					



Name
in
Full

New Harry Franklin Dittmar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Jefferson ^{Town} Frederick ^{County} MARYLAND

Date of death 1905 ^{Month} 6 ^{Day} 4 ^{Years} Age 41 ^{Months} 8 ^{Days} 23

Sex Male Color or Race White Birth-place Pennsylvania

Occupation Minister Gospel Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Maudie F. Dittmar

Father's Name

Mother's Maiden Name

Name of person giving Information

CAUSES OF DEATH

How related to deceased

53

PHYSICIAN
OR CORONER

Primary Acromegally How long 18 Months

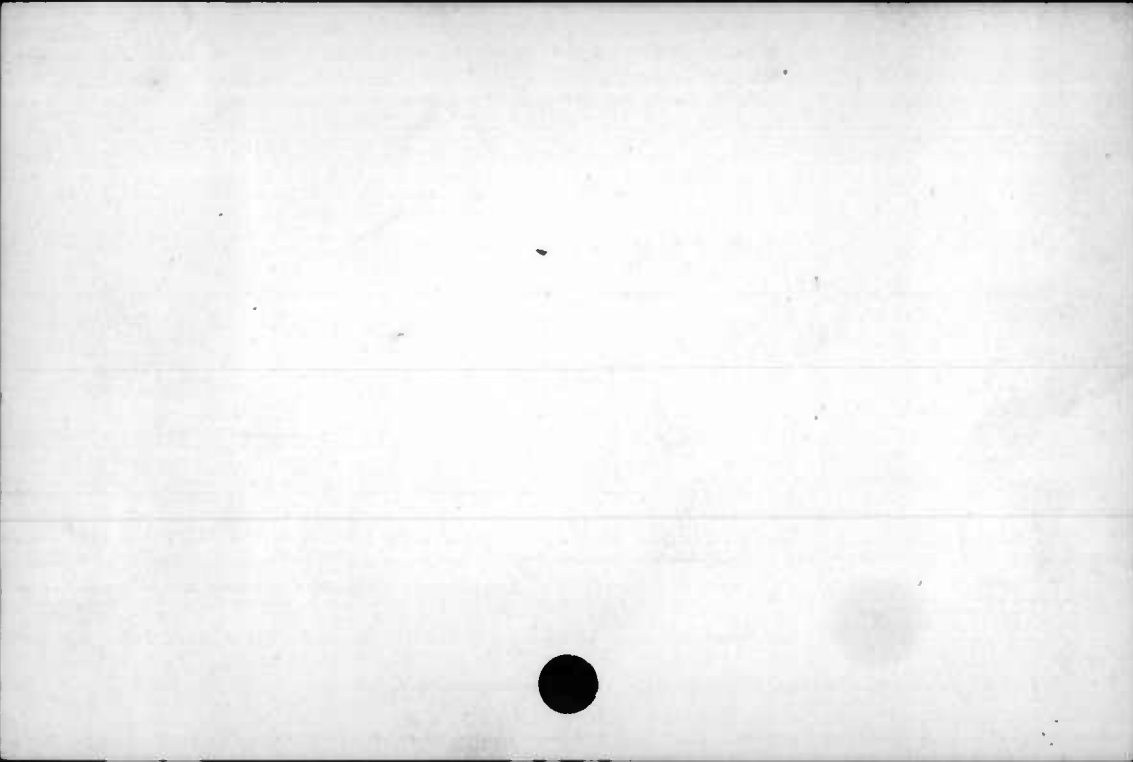
Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician D. H. Bolter, M.D.

Address Jefferson, Fred. Co.

Accident or Suicide? Ind



Name
in
Full

CERTIFICATE OF DEATH

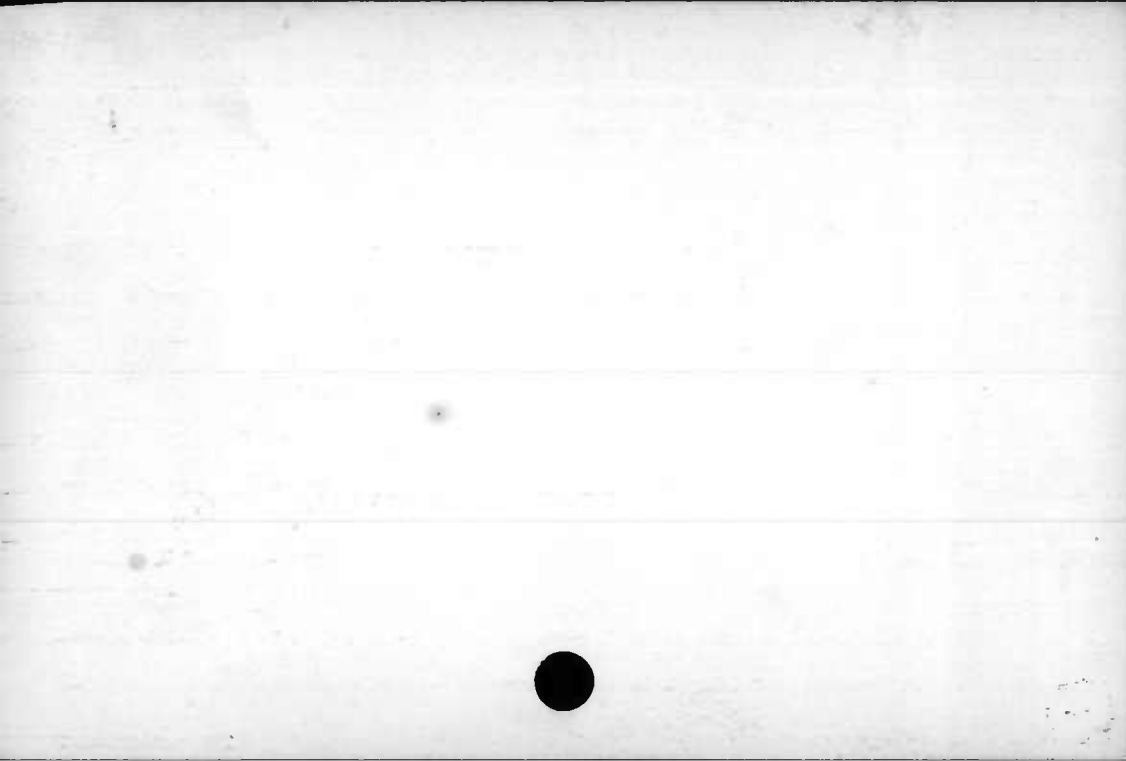
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Eiler</i>		Town <i>D. O. Creek</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>near D. O. Creek</i>		Date of death <i>1905 June 23</i>		Age <i>66</i>		Months <i>1</i> Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland.</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Baetzer Fogle</i>		Father's Birthplace <i>Frederick Co. Md.</i>					
Mother's Maiden Name <i>Margaret Hetzel</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Martin Eiler</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of heart - & dropsy</i>	How long <i>1 Year</i>
Immediate <i>Congestion of lungs</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>D. A. Diller, Md.</i>
	Address <i>D. O. Creek Maryland.</i>
Accident or Suicide? <i>—</i>	



Name
in
FullMargrett ^WFieldman

CERTIFICATE OF DEATH

Died at ^{Town}Mountain Hospital^{County}Frederick

MARYLAND

Date
of death 1905-

Month

June

Day

16

Age

Years

90

Months

8

Days

3

Sex

Female

Color or
Race

white

Birth-
place

Germany

Occupation

Housekeeper

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

+

Father's
NameFather's
Birthplace

X

Mother's
Maiden Name

+

Mother's
Birthplace

+

Name of person giving
In formation

Nurse H. M. Shook.

How related
to deceased

none

CAUSES OF DEATH

Primary

General Debility

How long

154

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

R. S. Lyson.

Address

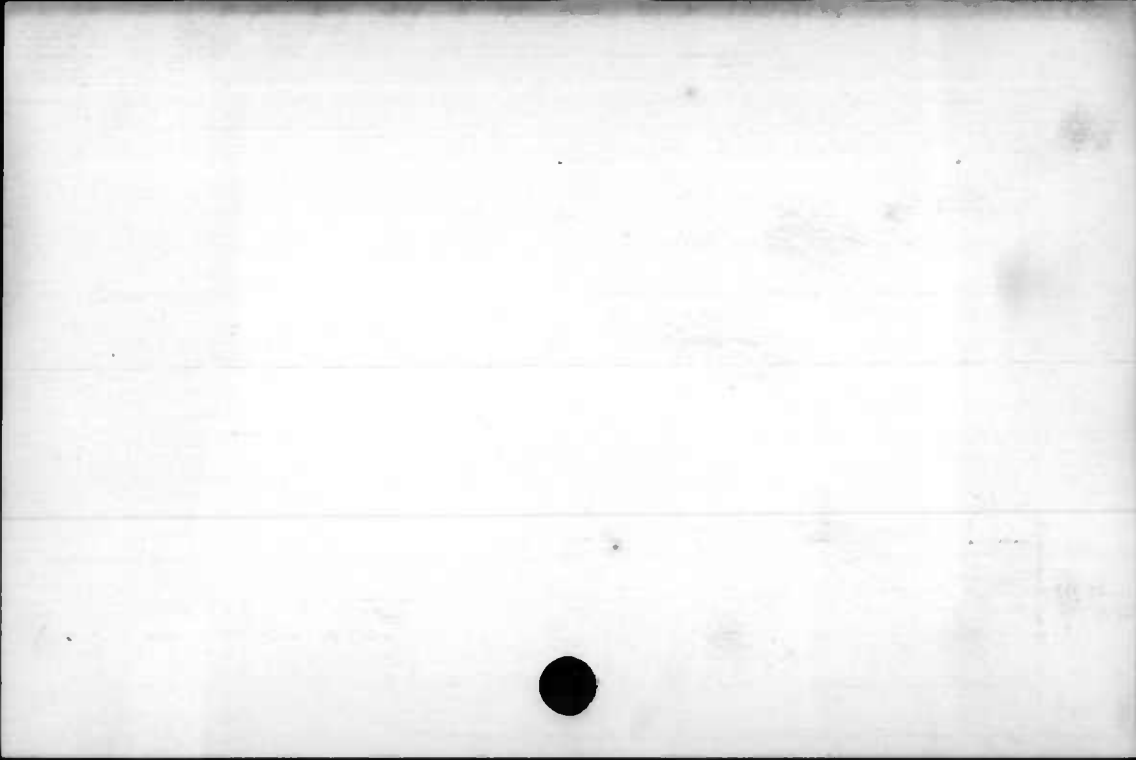
Frederick

Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1



Name in Full

Certificate of Death

Susan Rebecca Fink

Town

County

Died at near Middletown Frederick

MARYLAND

Date 1905 6 11 Age 48 1 25 Ind Occupation domestic

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of Richard Fink

Wife

Father's Name Adam Bowler Mother's Name Margaret Leane

Maiden Name

Cause of Death Primary Myocardial Heart Disease 2 years

Immediate Heart failure Sudden

Accident, Suicide, Homicide

Reported by S. L. Davis

Address Boonsfour Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

$$\begin{array}{r}
 1820 \\
 180 \\
 \hline
 1640 \\
 68 \\
 \hline
 1708
 \end{array}$$

Name
in
Full

Emma L. Flickinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

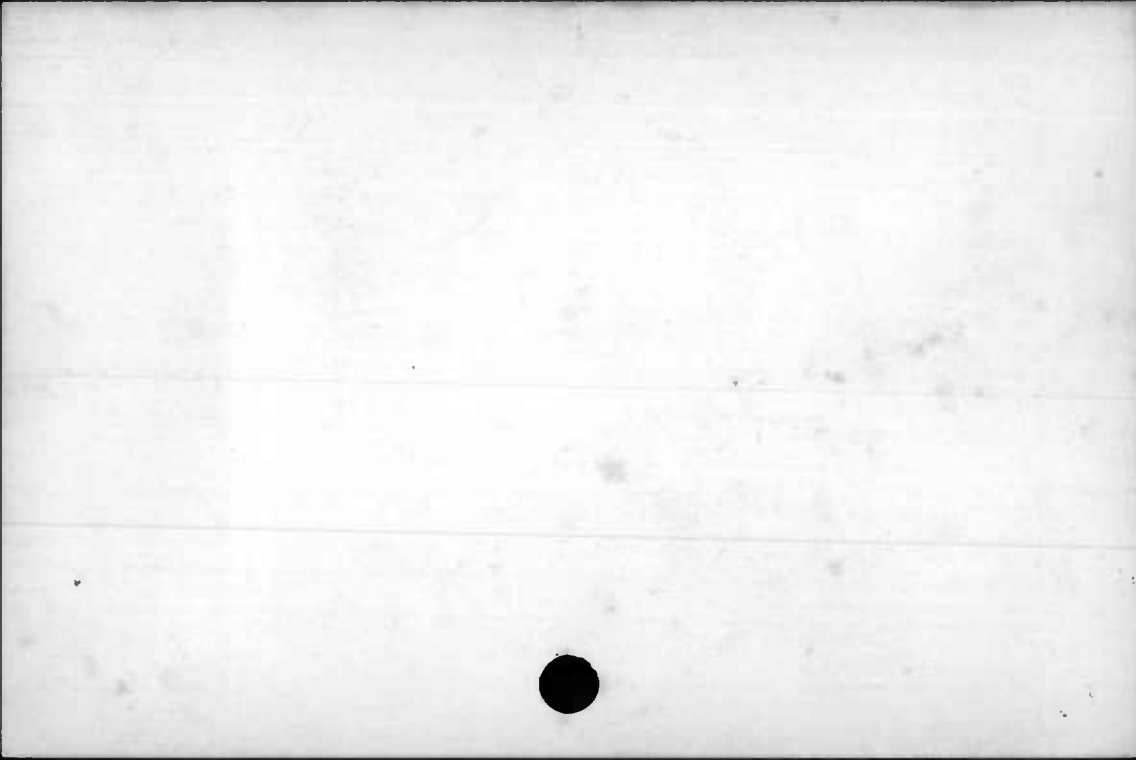
Died <i>near Ladiesburg</i> ^{Town}			<i>Frederick</i> ^{County}			MARYLAND		
Date of death	<i>1905</i>	Month <i>June</i>	Day <i>12</i>	Age	<i>37</i>	Years	Months <i>11</i>	Days <i>1</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Fredk Co. Md.</i>	
Occupation	<i>Housewife</i>			Where Residing at place of death		<i>At home.</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Jacob H. Flickinger</i>					
Father's Name	<i>Joseph S. Hilderbrand</i>					Father's Birthplace	<i>Fredk Co. Md.</i>	
Mother's Maiden Name	<i>Annie E. Twenty</i>					Mother's Birthplace	<i>Fredk Co. Md.</i>	
Name of person giving information	<i>Jacob H. Flickinger</i>					How related to deceased	<i>Husband.</i>	

CAUSES OF DEATH

Primary	<i>Was corpulent & troubled with dyspnoea -</i>		How long	<i>Two months</i>	
Immediate	<i>Went into cellar, and in $\frac{1}{2}$ hour was found by daughter lying upon the floor, face downward. No signs of life afterwards.</i>				
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		Signature of Physician	<i>John I. Ligget, M.D.</i>	
			Address	<i>Ladiesburg. Fredk Co. Md</i>	
Accident or Suicide?					

PHYSICIAN
OR CORONER

1



Name
in
Full

Lydia Shamus

CERTIFICATE OF DEATH

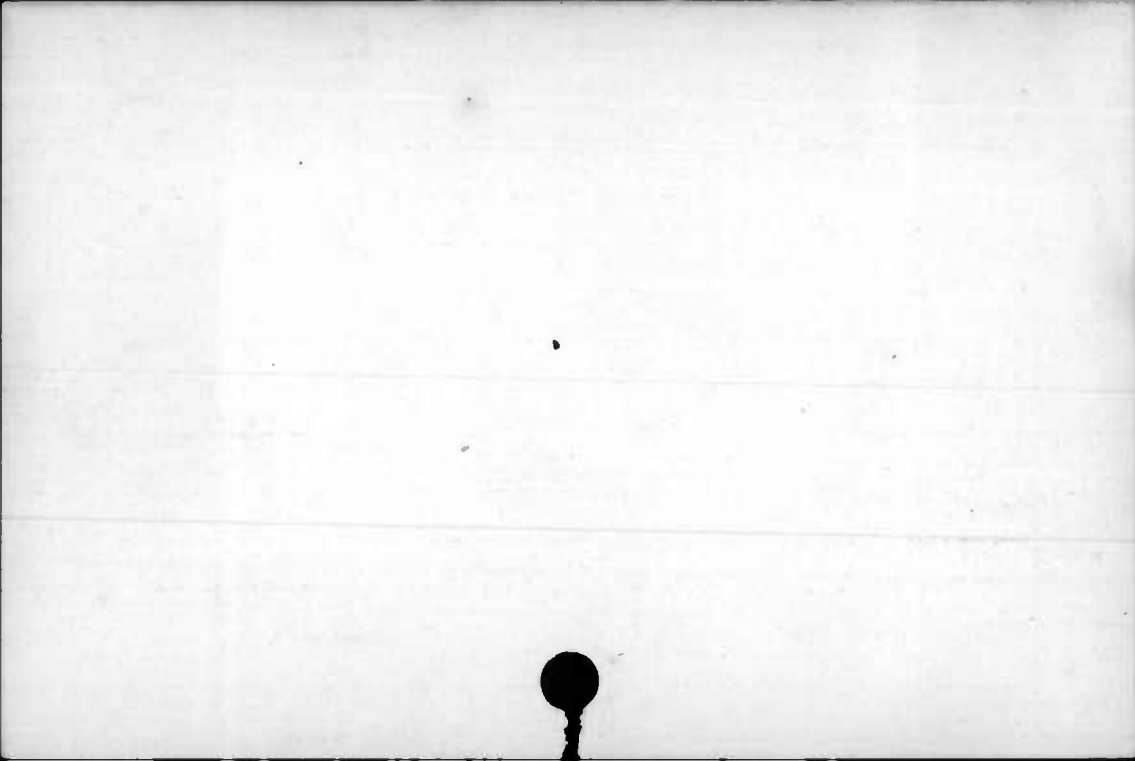
TO BE ANSWERED BY
NEAREST FRIEND

Town County
Died at *near Burkittsville* *Fredrick*
 Date of death *1905 June 17* Age *50* Months *—* Days *—*
 Sex *Female* Color or Race *White* Birth-place *Md*
 Occupation *Housewife* Where Residing if not at place of death
 Married, Single or Widowed *Married* Name of Wife or Husband *William Shamus*
 Father's Name *William McBride* Father's Birthplace *Md*
 Mother's Maiden Name *Elizabeth Scott* Mother's Birthplace *Md*
 Name of person giving information *Wm Shamus* (14) How related to deceased *Widow*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic heart disease* How long
 Immediate *an apoplectic attack from history of case* How long
 Are the name, age, sex, color, date and place correctly given above? *Yes*
 Signature of Physician *C. H. Schickel*
 Address *Burkittsville Md*
 (1) Accident or Suicide?



Name
in
Full

Infant

Green

6/1/11

CERTIFICATE OF DEATH

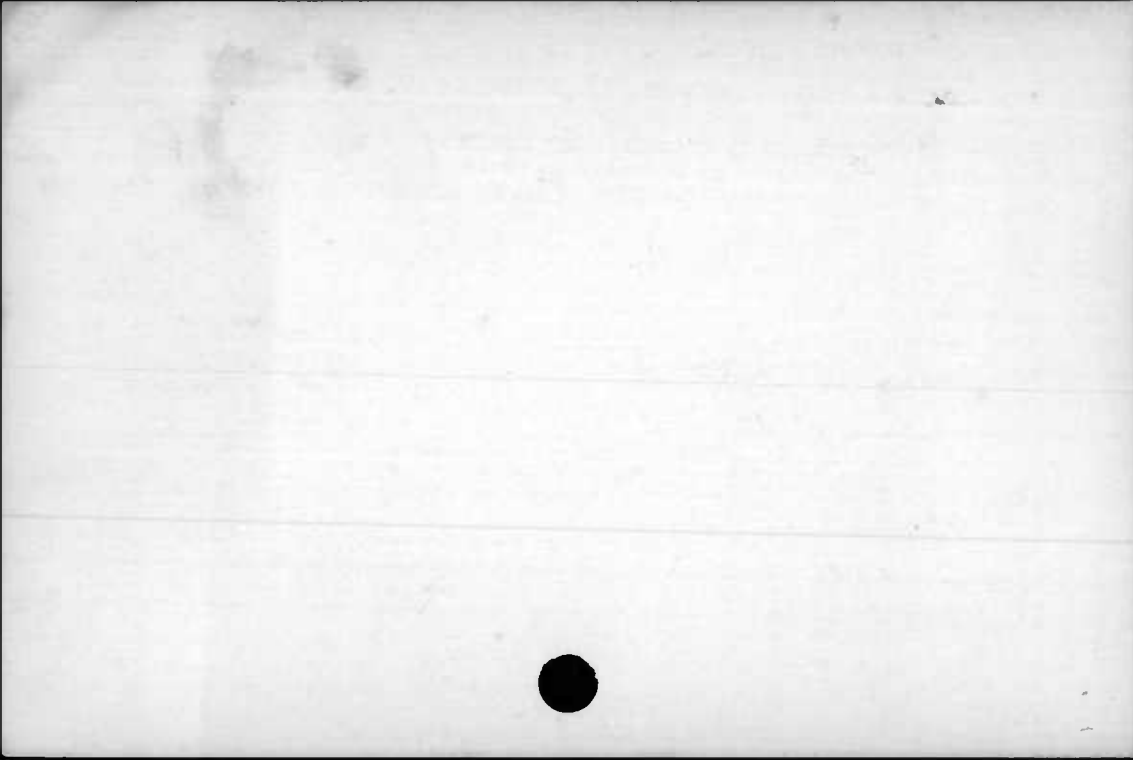
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellerton</i> Town <i>md</i>		County <i>Fredricks co</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>6</i>	Day <i>1</i>	Age <i>Infant</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Fredricks co md</i>	
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Mr H. Green</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Nellie Hoover</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Ralph Browning</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prolonged Labor</i>	How long
Immediate <i>Asphyxia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Mary Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Liberty town* ^{Town}*Frederick* ^{County}Date of death *1905 June*Day *17*Age *-* Years

Months

Days *1*Sex *Female*Color or
Race*Colored*Birth-
place*Liberty town*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name*Edna Green*Mother's
Birthplace*Frank Co*Name of person giving
In formation*Albert Green*How related
to deceased*Grandfather*

CAUSES OF DEATH

Primary

Premature Birth

How long

(15)

Immediate

Exhaustion

How long

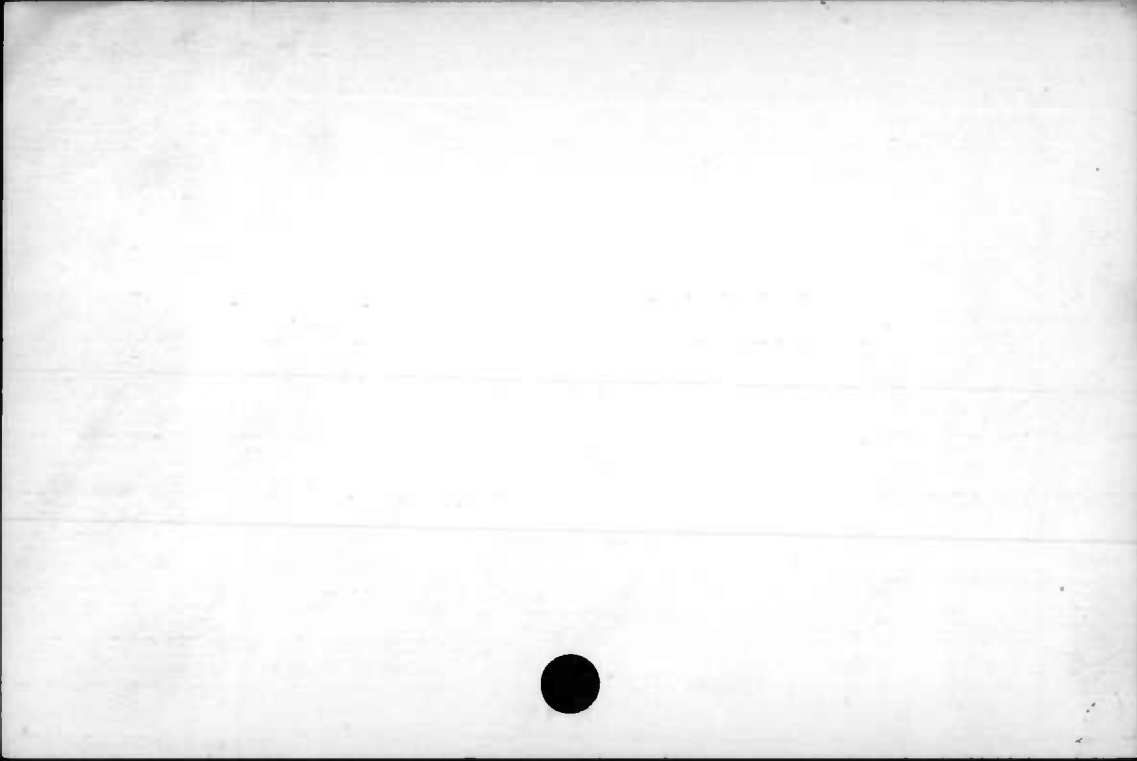
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Olis B. Stone*

Address

Liberty Town Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Virginia Theodora Harley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

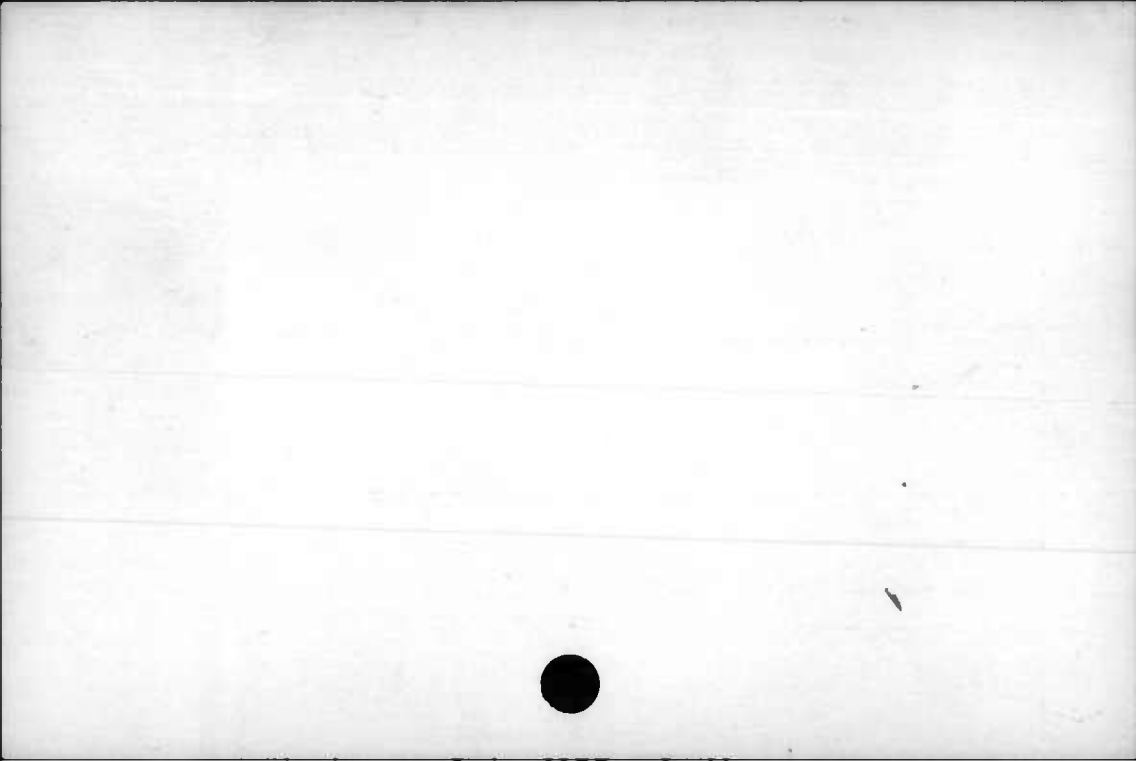
MARYLAND

Died at ^{Town} <i>Burkittsville</i>		^{County} <i>Ind 1/2</i>			
Date of death	1905	Month	June	Day	16
Age	15	Years	8	Months	15
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Josephus E. J. Harley.			Father's Birthplace	Md.
Mother's Maiden Name	Mary J. Deval			Mother's Birthplace	D.C.
Name of person giving information	Mrs. Harley			How related to deceased	Mother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Anaemia</i> (10)	How long	<i>about 1 yr.</i>
Immediate	<i>Prodromic convulsions, heart failure</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>C. H. Schiltneck</i>
		Address	<i>Burkittsville</i>
Accident or Suicide?			<i>Md.</i>



Name
in
Full

Edward C. Herring

CERTIFICATE OF DEATH

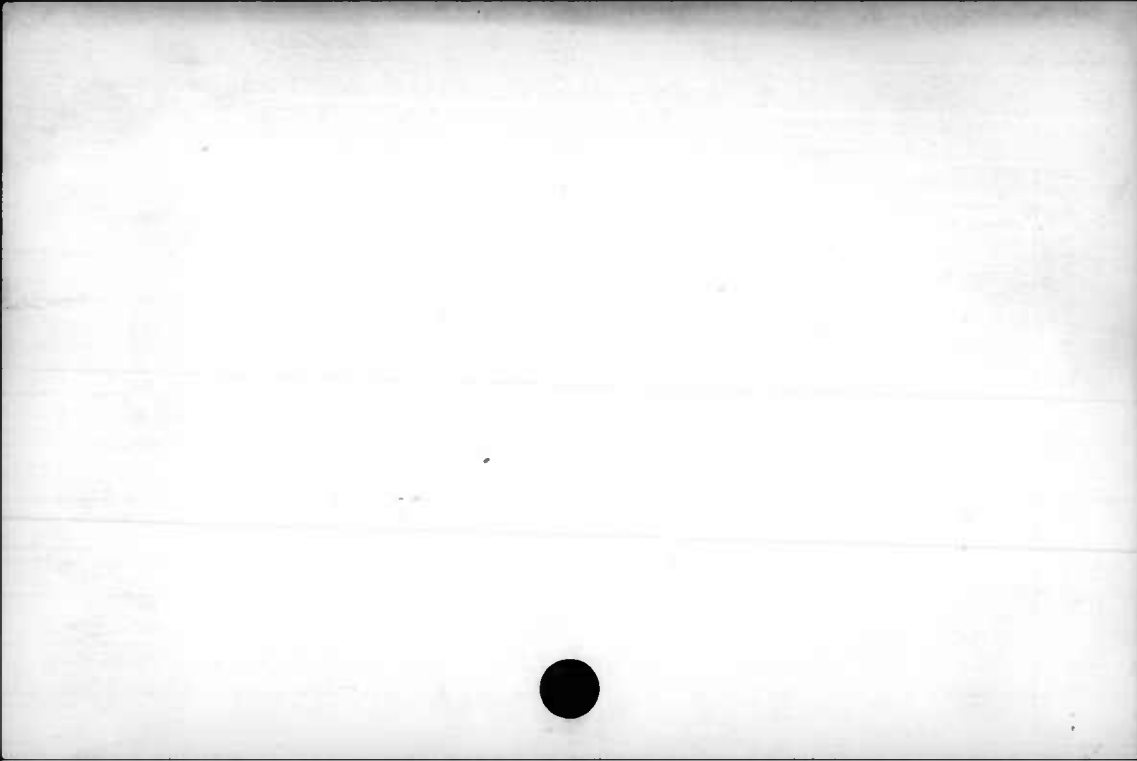
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Middletown ^{County} Fredness		MARYLAND	
Date of death 1905	Month June	Day 1st	Age 57
Sex male	Color or Race white	Birth-place Maryland	Months 3 13 Days
Married, Single or Widowed Married	Occupation Laborer		
Name of Wife or husband Triathay Lammers			
Father's Name Edward L. Herring	Father's Birthplace Md		
Mother's Maiden Name Anne Schindler	Mother's Birthplace Md		
Name of person giving information Carol Feete	How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OF CORONER
1

Primary	Fall	How long	4 days
Immediate	Internal injuries	How long	Since occurred
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. C. Lamm, M.D.
		Address	Middletown, Md.
Accident or Suicide?	yes		



Name in Full

Certificate of Death

Elizabeth Miner.

Town

County

Died at

MARYLAND

Date 19

08.

Month

Day

June. 9

Age

80-8-4

Native of

Ind

Occupation

Retired

Male
FemaleWhite
Colored~~Married~~
Single~~Widow~~
~~Widower~~~~Divorced~~

Number of children living

Husband

of

~~Wife~~Father's
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

For Years

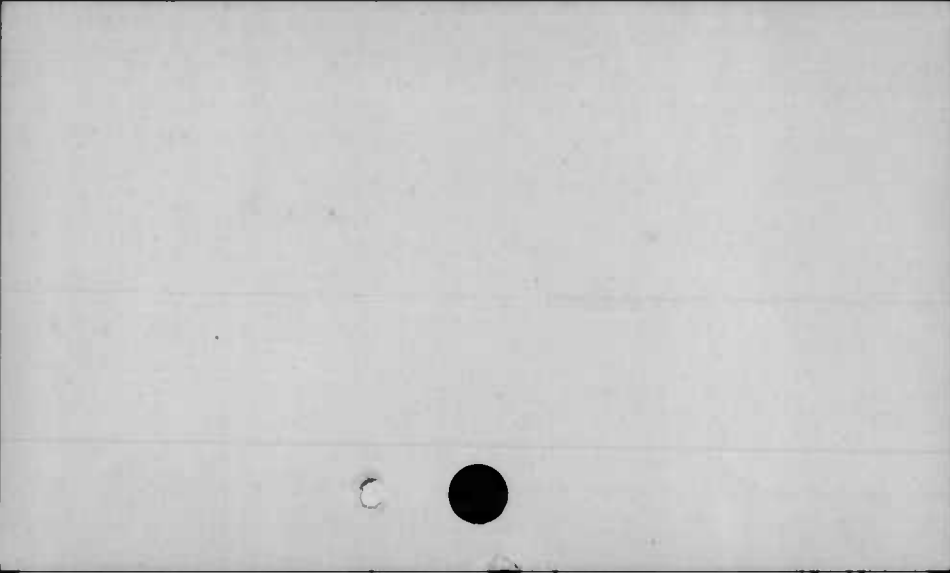
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70298



Full

TO BE ANSWERED BY
NEAREST FRIEND

Union Wesley House

CERTIFICATE OF DEATH

Died at <i>Burkessville,</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month <i>June</i>	Day <i>26</i>	Age <i>44</i>	Years	Months <i>8</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife <i>Eliza Ann Fauble</i>						
Father's Name <i>Bornial House</i>	Father's Birthplace <i>MD</i>						
Mother's Maiden Name <i>Emily [unclear]</i>	Mother's Birthplace <i>MD</i>						
Name of person giving information <i>Mr. House</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Disorder free off load of hay, running for 1</i>		How long	<i>(over)</i>
Immediate	<i>hondle in rectum</i>		How long	<i>(over)</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	Signature of Physician <i>C. J. [unclear]</i>	
			Address <i>Burkessville</i>	
Accident or Suicide?		<i>Accident</i>	<i>MD.</i>	

rupture of the Peritoneal tissues,
death ensuing in 20 minutes
Ch. Johnston M.D.

Name
in
Full

Rene R. Stoy

20,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ridgeville		County Frederick		MARYLAND	
Date of death 1905	Month June	Day 13	Age 17	Years	Months 5	Days 18	
Sex Female	Color or Race Colored		Birth- place Frederick Co.				
Married, Single or Widowed Married			Occupation Housewife				
Name of Wife or Husband Howard Stoy							
Father's Name Melvin Myers			Father's Birthplace Frederick Co.				
Mother's Maiden Name Maggie Anderson			Mother's Birthplace Carroll Co.				
Name of person giving information Melvin Myers			How related to deceased Father				

CAUSES OF DEATH

Primary

How long

Two weeks

Immediate

How long

Peritonitis

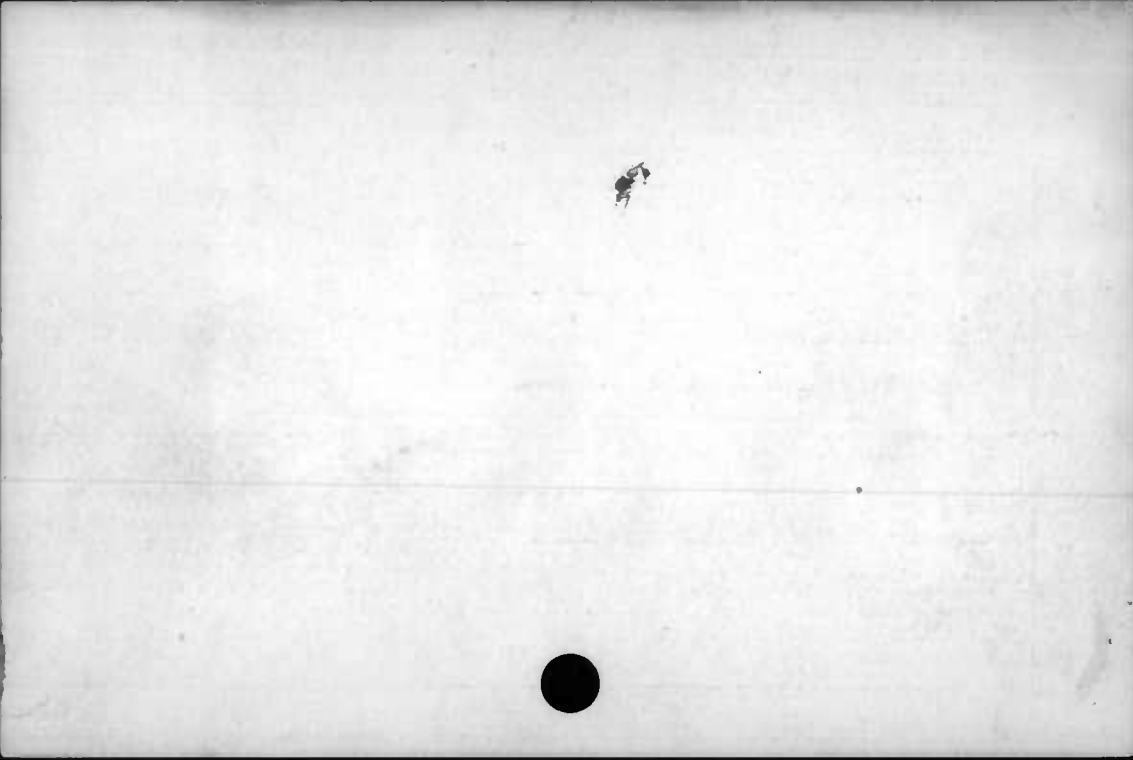
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. E. Brownwell
Mt Airy
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Dudley

Humerick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eglers Valley</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>17</i>	Age	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm H. Humerick</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary	<i>Nephritis acute</i>	How long
Immediate	<i>Uremic poisoning</i>	How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

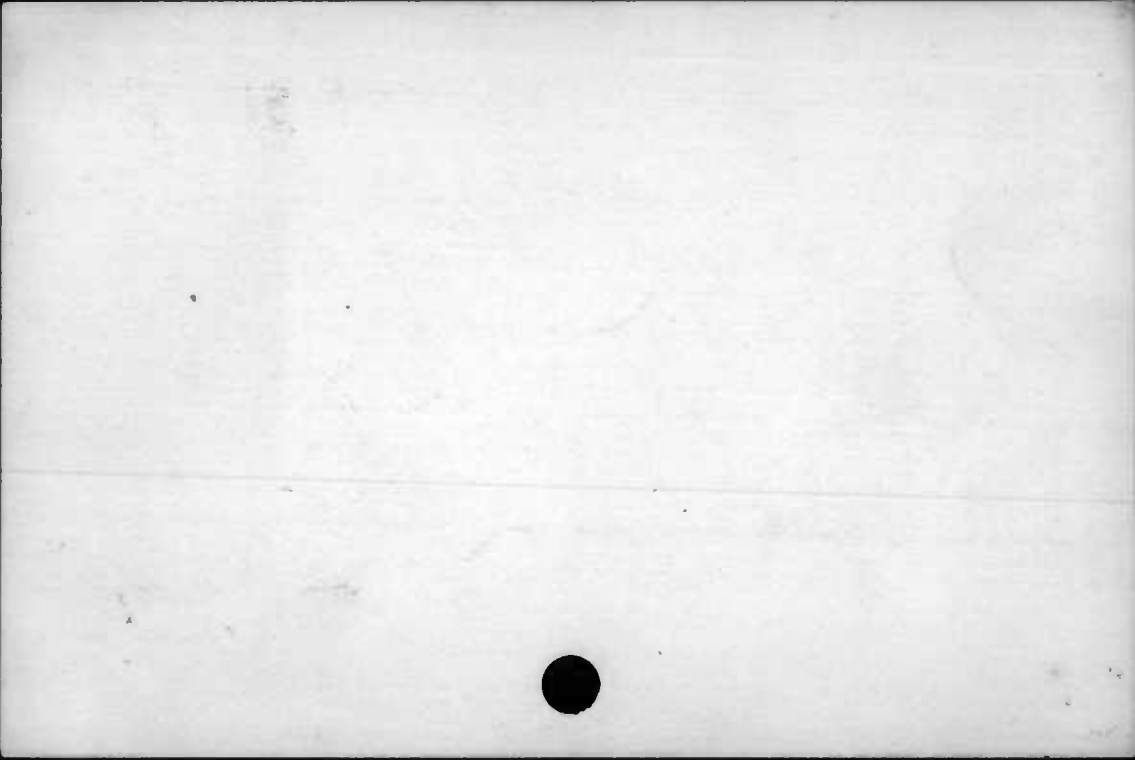
E. C. Kefauver

Address

Charmont, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Katherine Kemp.

CERTIFICATE OF DEATH

Died at ^{Town} 15maxville

County Frederick

MARYLAND

Date of death 1905 June 16

Age Years 65

Months

Days

Sex Female

Color or
Race

white

Birth-
place

Ind.

Occupation House work

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph Kemp

Father's
Birthplace

Ind

Mother's
Maiden Name

Mary Becker

Mother's
Birthplace

Ind

Name of person giving
In formation

Mrs M. C. Shafer

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

2 1/2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Kerin Test

Address

Broomfield, Fred L Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ernest Frederick Klein

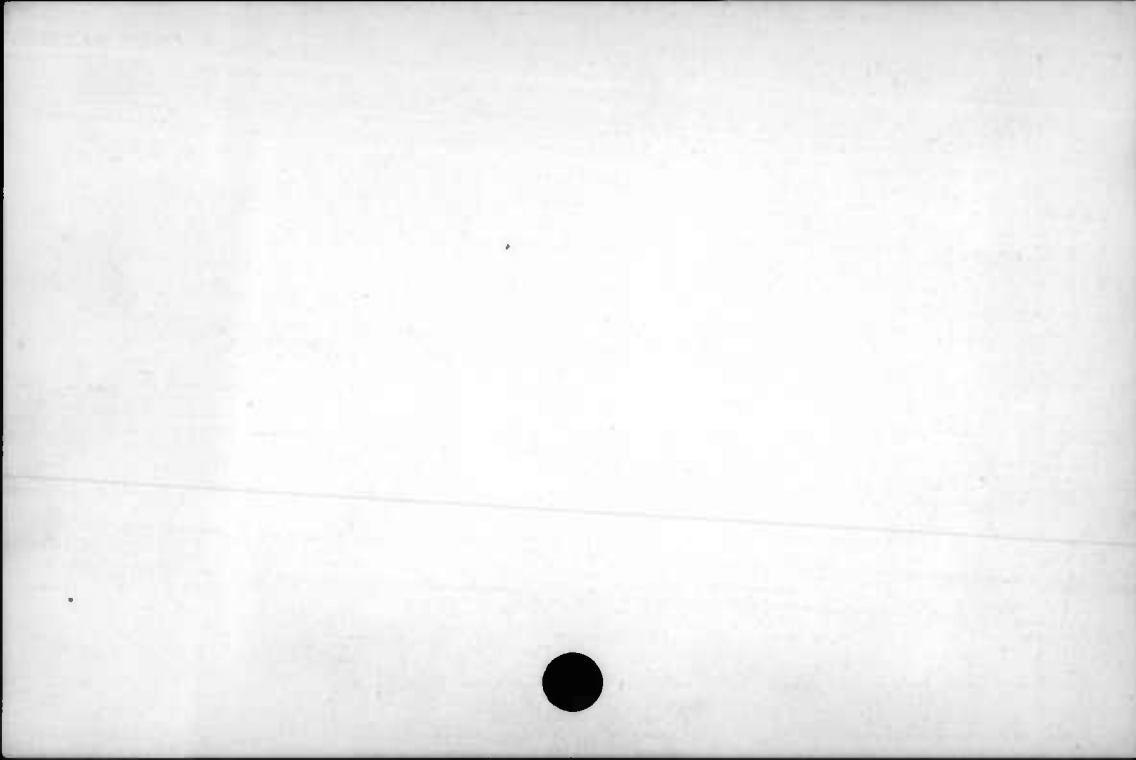
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mc. Donald</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>June</i>	Day	<i>13</i>	Age	<i>69</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		Months	<i>1</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary M. Jacobs</i>					
Father's Name <i>Ernest Frederick Klein</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Anna Rosina Lillich</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Frank Hillier</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER (1)	Primary	<i>Carcinoma</i>	How long	<i>4 years</i>
	Immediate	<i>Exhaustion</i>	How long	<i>about one week</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thomas P. Sappington</i>	
			Address <i>Unionville Maryland.</i>	
Accident or Suicide?				



Name
in
Full

George William Krise

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Rocky Ridge ^{County} Frederick

Date of death 1905 June 3 Age 67 Months 0 Days 15

Sex male Color or Race white Birth-place Fredk. G. Md.

Occupation Farmer Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband —

Father's Name Elias Krise Father's Birthplace

Mother's Maiden Name Mary Dotterer Mother's Birthplace

Name of person giving information O. H. Krise How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

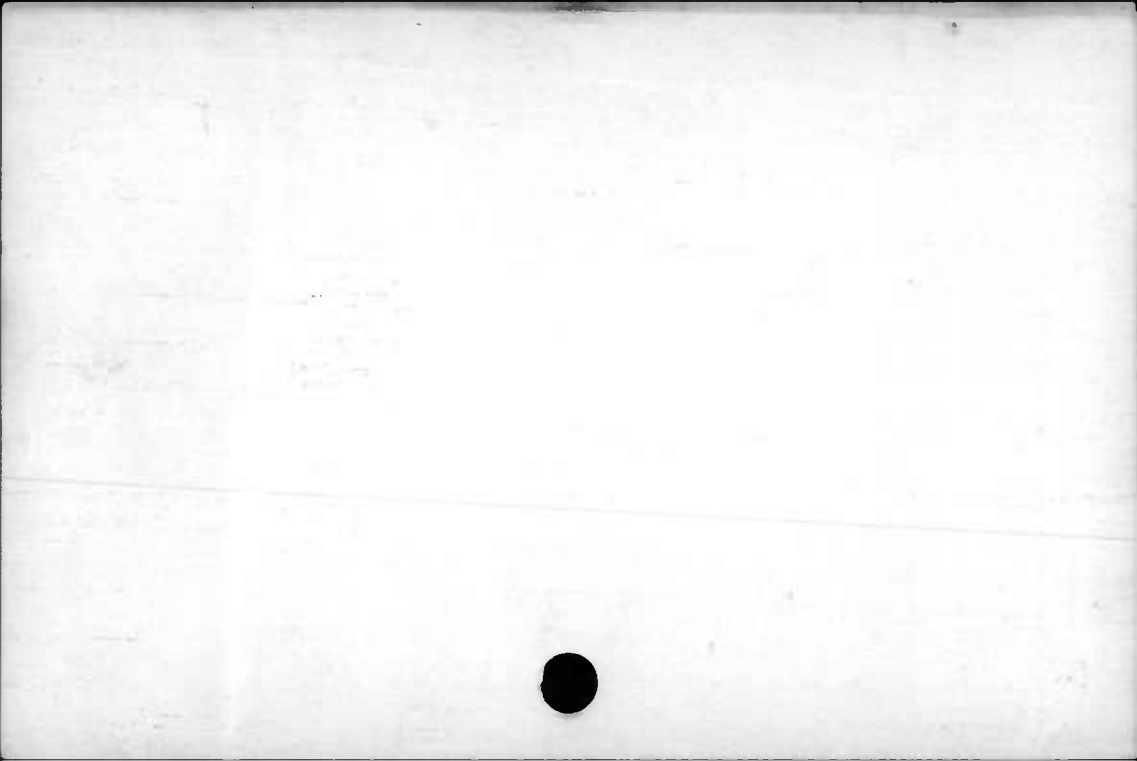
Primary Grip & heart disease How long 3 wks.

Immediate Congestion of lungs & dropsy about 10 days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician O. H. Krise

Address D. C. Creek Maryland

Accident or Suicide?



Name
in
Full

Murray Osborn Lambert

CERTIFICATE OF DEATH

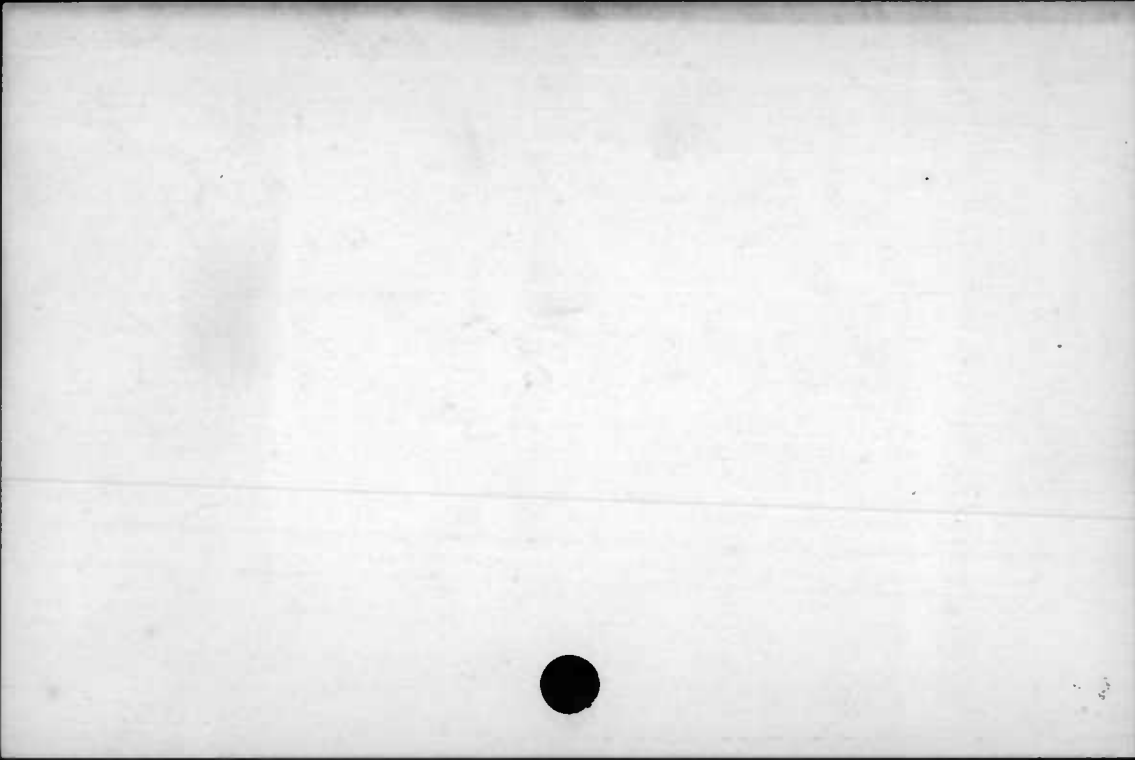
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friedrich</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	1905	Month	June	Day	22nd
Age		Years	3	Months	16
Sex	male	Color or Race	White	Birth-place	Md.
Occupation	I am		Where Residing if not at place of death <i>H. Pat</i>		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Murray Lambert			Father's Birthplace	Md.
Mother's Maiden Name	Mary E. Muspetis			Mother's Birthplace	Md.
Name of person giving information	J. Mr. Lambert			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary	<i>Meraemus</i>	How long	<i>3 mos.</i>
Immediate	<i>Enteritis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Frank Hedge</i>
		Address	<i>Friedrich</i>
Accident or Suicide?			



Amanda C. Longman.

Town

County

Died at

Haltersville Frederick

MARYLAND

Date 19 *05*

Month

Day

Y.

M.

D.

Native of

Occupation

June 10

Age *53 8. 25*

County

housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Geo. Longman

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Pulmonary phthisis

How long sick

18 months

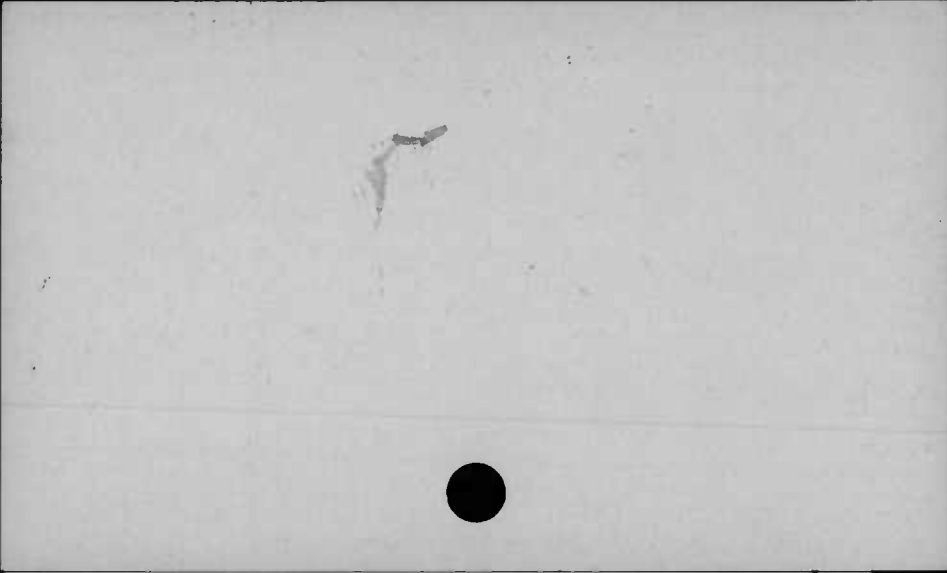
Accident, Suicide, Homicide

Reported by

Address

J. S. Hunsicker M.D.
Haltersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name.

in
Full

CERTIFICATE OF DEATH

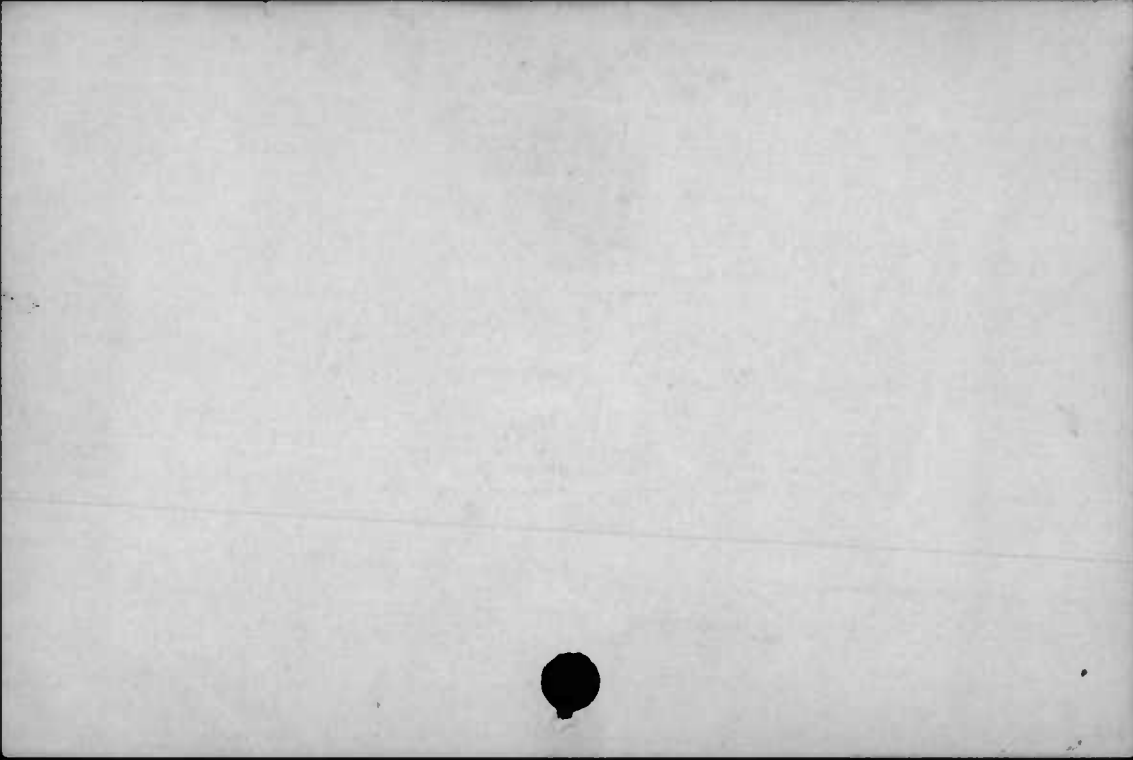
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1905		6	17	79	5	28	
Sex	Male	Color or Race	White		Birth-place	Lowdown Co., Va.	
Occupation	Farmer			Where Residing in not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Mary Catherine				
Father's Name	David Mc Gaha				Father's Birthplace	Ireland.	
Mother's Maiden Name	Dorcas Chauncy				Mother's Birthplace	England.	
Name of person giving information	A. R. Mc Gaha				How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility	How long	Six months.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Samuel Clayett	
		Address	
		Petersville	
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

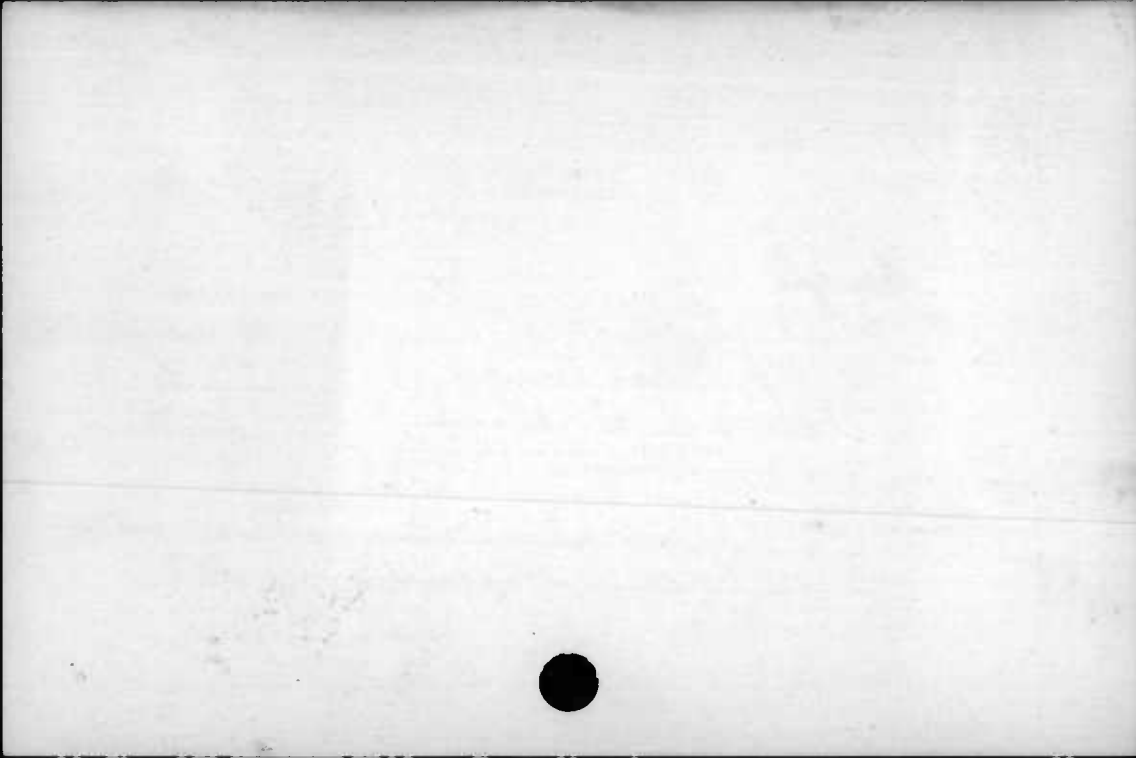
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Caroline M. Michael</i>		Town <i>Ortica Mills</i>		County <i>Fredk</i>		MARYLAND	
Died at <i>Ortica Mills</i>		Date of death <i>1905 June 9</i>		Age <i>81</i>		Months <i>2</i> Days <i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fredk Co, Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Isaac Michael</i>					
Father's Name <i>Phillip Warrington</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Katie Leathum</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Sarah Michael</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary	<i>66</i>	How long	
Immediate	<i>Paralysis</i>	How long	<i>two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. D. Neighboun</i>	
		Address <i>Lewistown Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

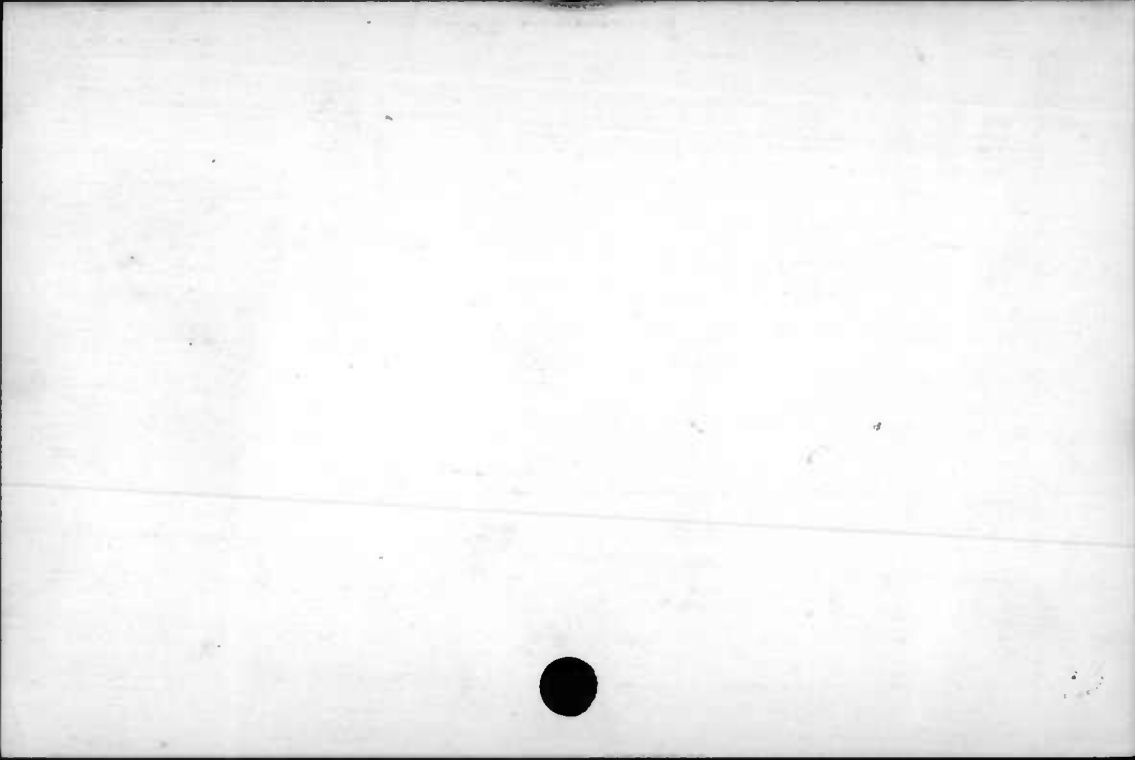
MARYLAND

Name in Full John William Ogle		Town Breagerstown		County Frederick			
Died at		Date of death		Age		Months	
		Month June		Day 12		Years 8	
Sex Male		Color or Race White		Birth-place Breagerstown		Days 28	
Occupation				Where Residing If not at place of death			
Married, Single or Widowed Single				Name of Wife or Husband			
Father's Name Robert L. Ogle				Father's Birthplace Breagerstown			
Mother's Maiden Name Mollie Stambaugh				Mother's Birthplace Woodboro			
Name of person giving information Robert L. Ogle				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Undeveloped Nervous System	How long From birth
Immediate Broncho Pneumonia + Exhaustion	How long 6 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. D. S. Young
	Address Breagerstown Fredk
Accident or Suicide?	60



Name
in
Full

Emma Catherine Price

CERTIFICATE OF DEATH

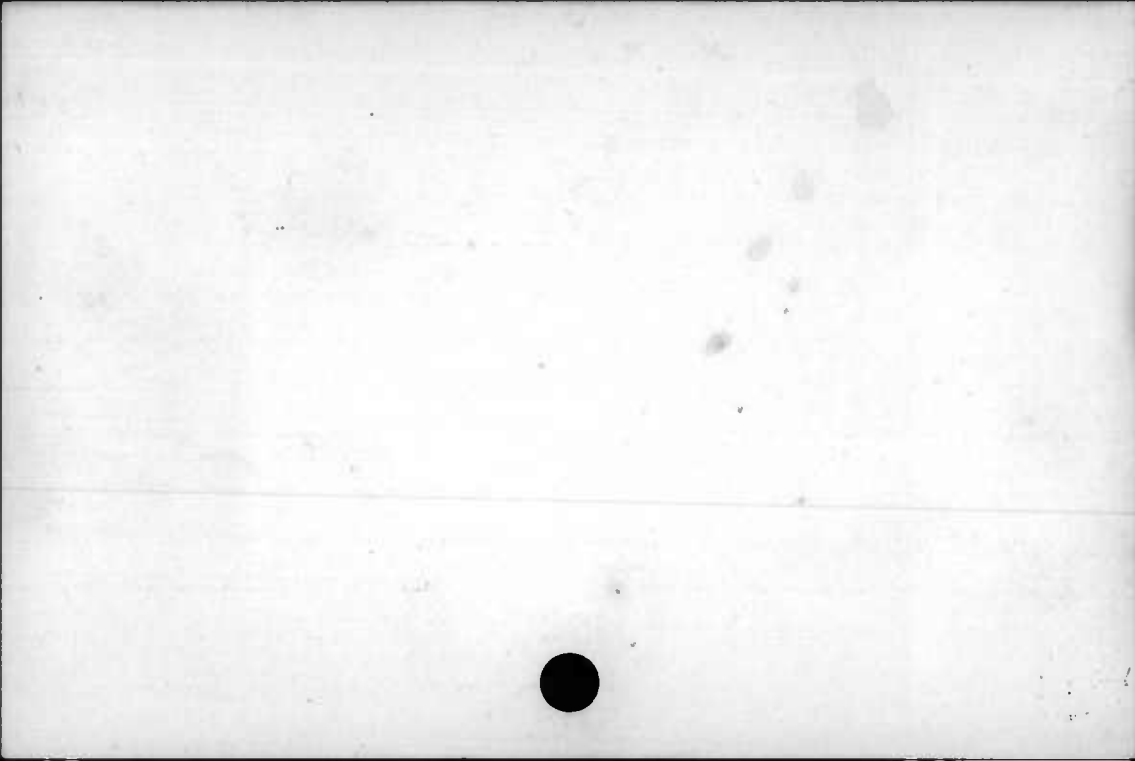
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McDonald</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>June</i>	Day	<i>25</i>	Years	<i>40</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Months	<i>X</i>
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles H. Price</i>					
Father's Name <i>John M. Bates</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary M. Covell</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Harry Stutely</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	<i>116</i> ✓	How long <i>6 days</i>
Immediate <i>Exhaustion</i>		How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. P. Sappington</i>	Address <i>Unionville</i>
Accident or Suicide?	<i>Maryland.</i>	



Name
in
Full

Cornelia A. Rhodes

CERTIFICATE OF DEATH

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

6

22

Age

75

9

19

Sex

Female

Color or
Race

White

Birth-
place

City

Occupation

House maid

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

John Rhodes

Father's
Birthplace

City

Mother's
Maiden Name

Minerva Rice

Mother's
Birthplace

"

Name of person giving
In formation

Fannie Rhodes

How related
to deceased

Sister

CAUSES OF DEATH

Primary

apoplexy

How long

3 weeks

Immediate

as transient

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

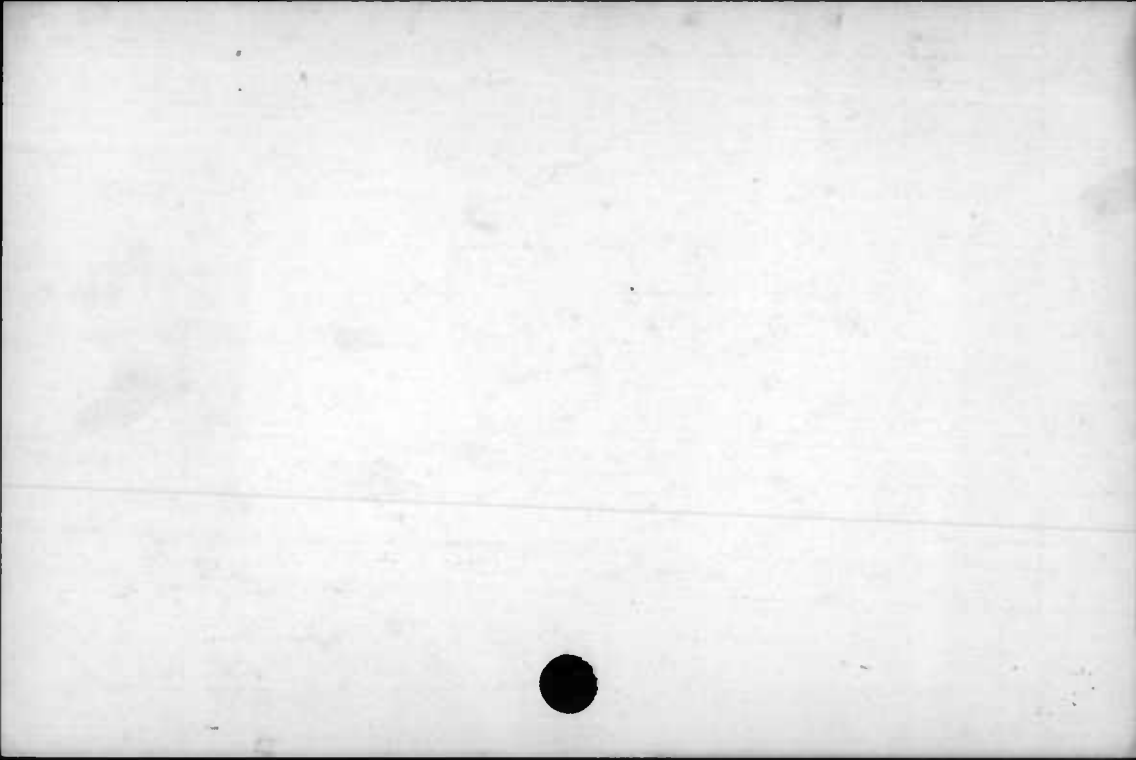
Address

Wm. Crawford
Frederick Md

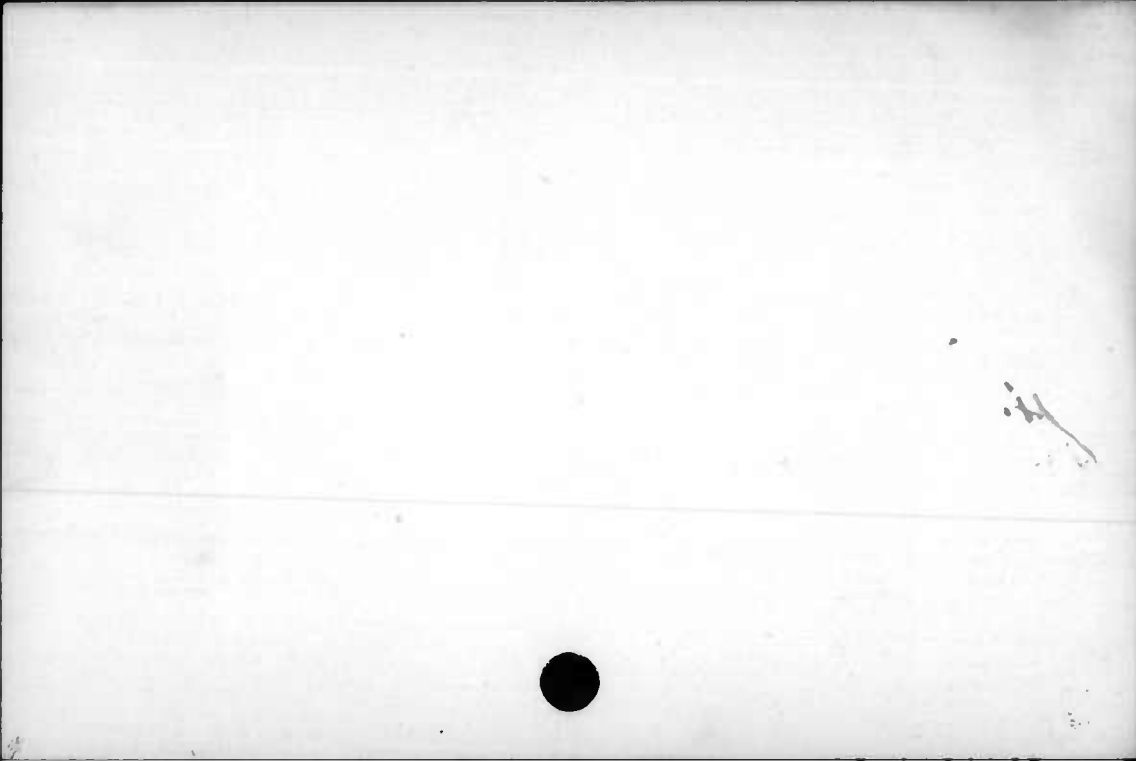
Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Certificate of Death							
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Lewiston</u> <small>Town</small>			<u>Fred's</u> <small>County</small>			MARYLAND	
		Date of death <u>1905</u>		Month <u>8</u>		Day <u>20</u>		Years <u>3</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Lewiston</u>		Months <u>7</u> Days <u>20</u>	
		Occupation _____				Where Residing if not at place of death _____			
		Married , Single				Name of Wife or Husband _____			
		Father's Name <u>Edward Roberts</u>				Father's Birthplace <u>Lewiston</u>			
		Mother's Maiden Name <u>Fanny Freshman</u>				Mother's Birthplace <u>Thumt</u>			
PHYSICIAN OR CORONER <u>1</u>		Name of person giving information _____				How related to deceased _____			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER <u>1</u>		Primary <u>Anemia</u>				How long <u>85</u> ✓			
		Immediate <u>Epiptaxis</u>				How long _____			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>E. S. Wright</u>			
						Address <u>Lewiston</u>			
		Accident or Suicide? _____							



Name
in
Full

Mrs Semina N. Sanks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Jamsville</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1904</i>	<i>6th</i> <small>Month</small>	<i>5th</i> <small>Day</small>	<i>81</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>23</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Abner Sanks</i>				
Father's Name <i>Captain Christopher Mussetten</i>	Father's Birthplace <i>Pennsylvania</i>				
Mother's Maiden Name <i>Ruth James</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Wm. M. James</i>	How related to deceased <i>Niece</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile arterio-sclerosis</i>	How long <i>64</i> <i>nine years</i>
Immediate <i>Progressive Softening and Hemiplegia</i>	How long <i>Later - one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>George H. Riggs M.D.</i>
	Address <i>Jamsville Maryland</i>
Accident or Suicide? <i>_____</i>	

Balto. Md

Name

Peter Schluckert

CERTIFICATE OF DEATH

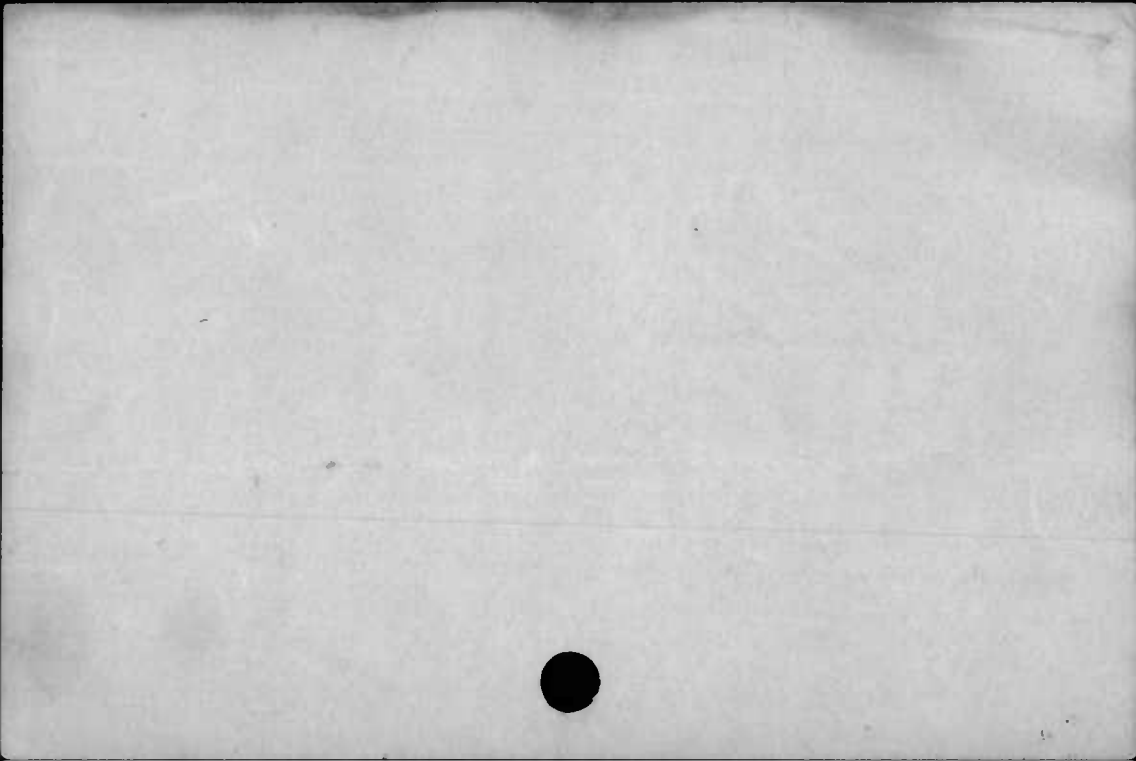
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Weldon</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>30th</i>	Age <i>73</i>	Years	Months <i>10</i>	Days <i>9</i>	
Sex <i>male</i>	Color red <i>white</i>			Race			Birth-place <i>Germany</i>
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>near Weldon</i>				
Married, Single or Widowed <i>Widower</i>			Name of Wife or Husband				
Father's Name <i>unknown</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Geo P Schluckert</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>95</i>
Immediate <i>General Exhaustion</i>	How long <i>3 1/2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Whitehill M.D.</i>
	Address <i>Unionville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

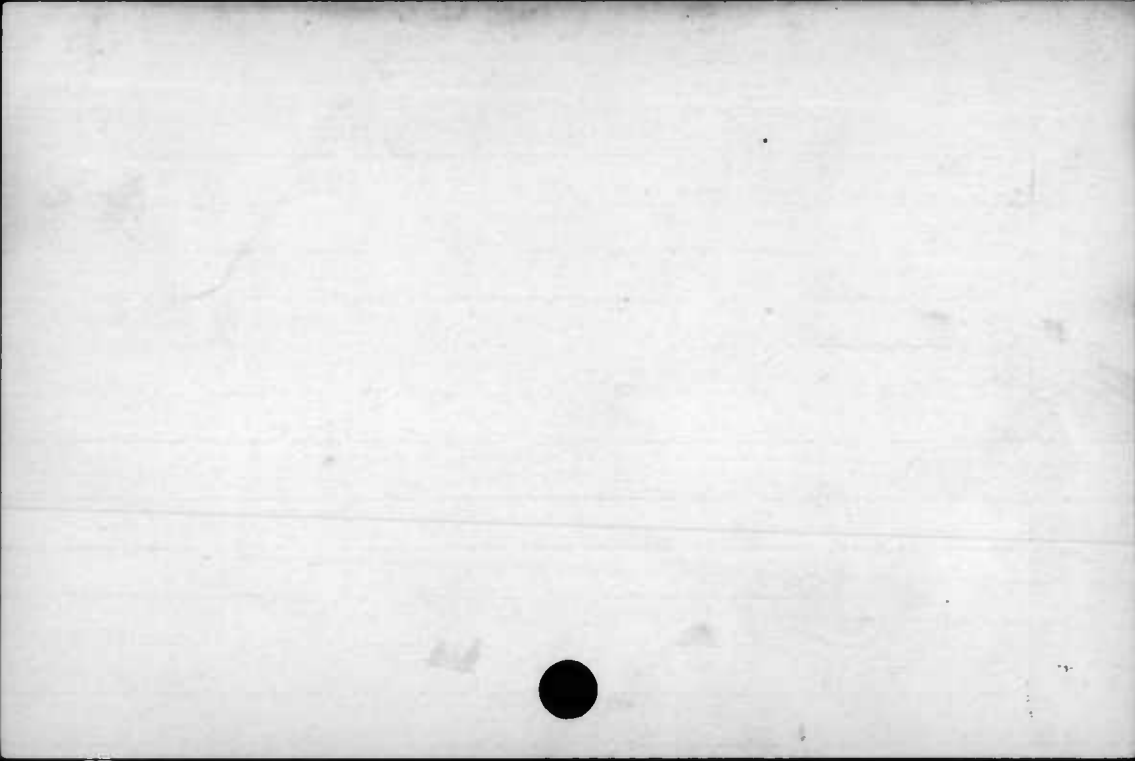
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Luther Shaff</i>		Town <i>Jefferson</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death 1905		Age		Months	
		Month <i>June</i>		Day <i>8</i>		Years <i>72</i>	
						Months <i>7</i>	
						Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White (native)</i>		Birth-place <i>Frederick Co.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Shoemaker</i>					
Name of Wife or Husband <i>May E. Wise -</i>							
Father's Name <i>-</i>		Father's Birthplace					
Mother's Maiden Name <i>-</i>		Mother's Birthplace					
Name of person giving information <i>Harry Shaff</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>Do not know</i>
Immediate <i>Uraemic coma</i>	How long <i>11 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. R. Crane M.D.</i>
	Address <i>Jefferson Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James W. Dimmers* Town *Thurmont* County *Frederick* MARYLAND

Died at *Thurmont*

Date of death 190 *5* - Month *June* Day *26* Age *77* Years Months *0* Days *0*

Sex *Male* Color or Race *White* Birth-place *Int. Alt.*

~~Married, Single or Widowed~~ Occupation *Retired*

Name of Wife or Husband *Genevra Davis*

Father's Name *Abby Dimmers* Father's Birthplace *Int. Alt.*

Mother's Maiden Name *Lemona Rogers* Mother's Birthplace *" "*

Name of person giving information *Daniel Froelich* *129* *Int. Alt.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cardiac Renal Uremia*

Immediate *Uremia*

How long

How long

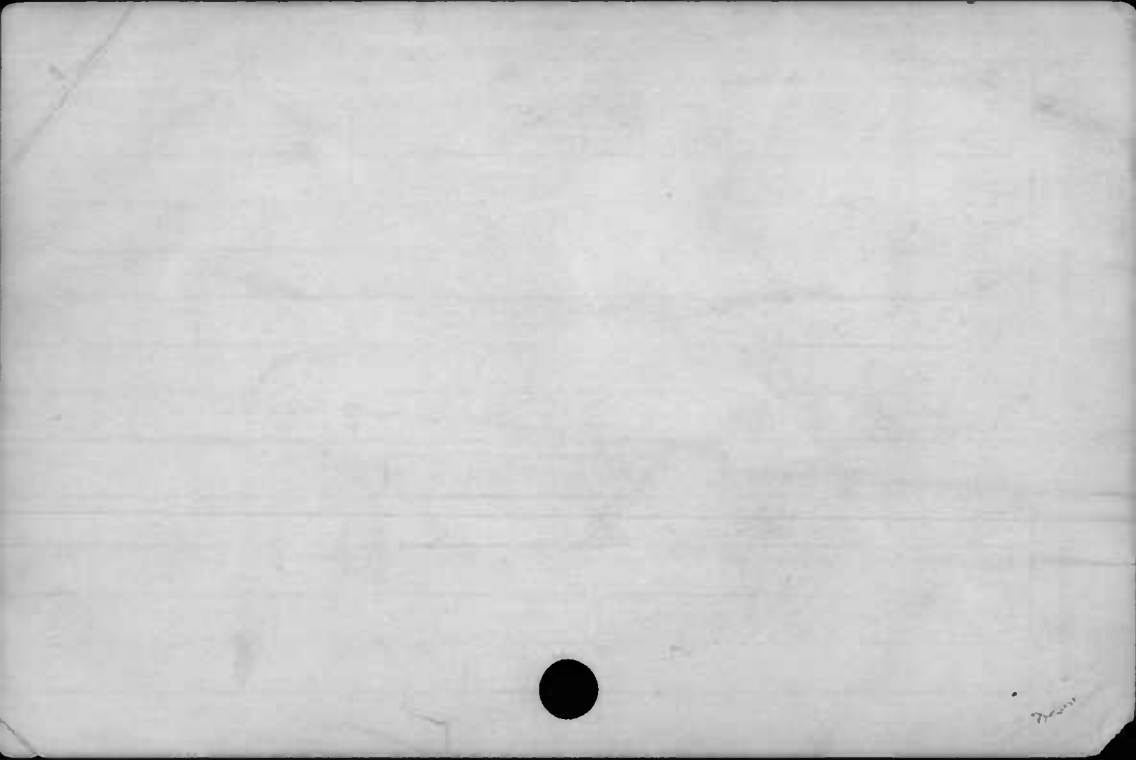
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

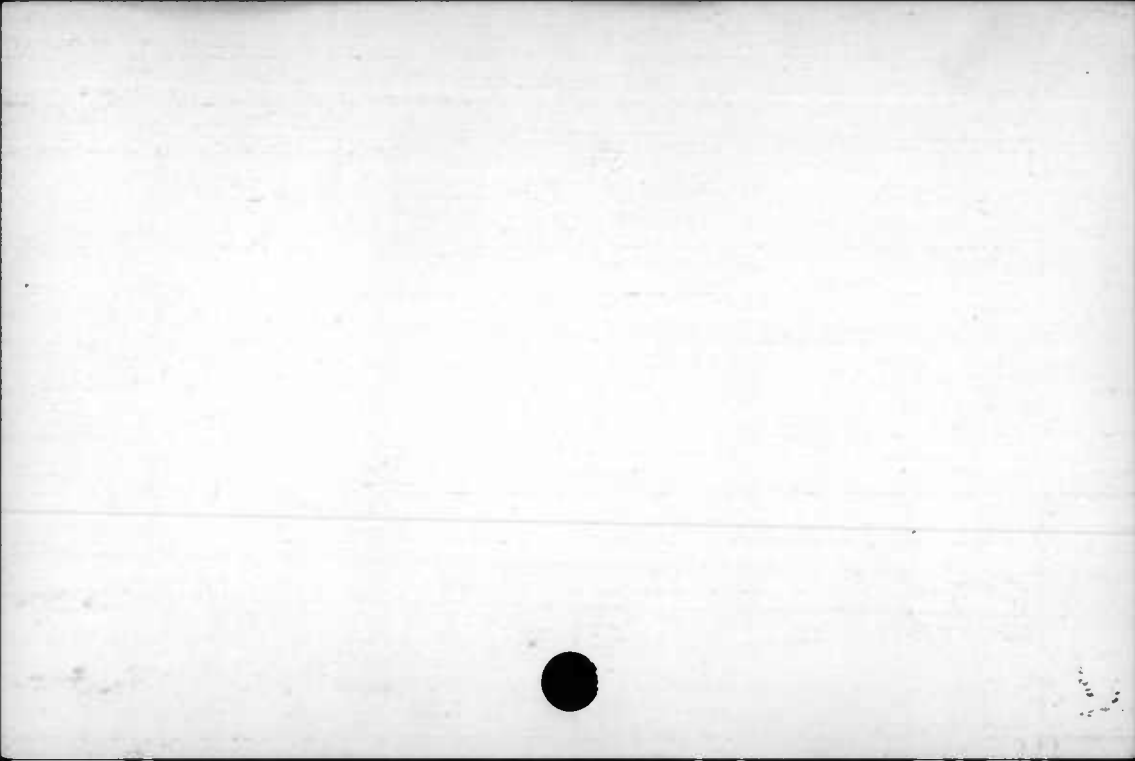
Address

M. A. Beech, M.D.,
Thurmont Ind.

Accident or Suicide?



Name in Full		Clarence Smith 19,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Monrovia</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND		
	Date of death <i>1905 June</i> <small>Month</small>		<i>6</i> <small>Day</small>	<i>19</i> <small>Years</small>	<i>19</i> <small>Months</small>		<i>19</i> <small>Days</small>
	Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
	Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>Moses Smith</i>				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>		<input checked="" type="checkbox"/> <i>1</i>		How long <i>3 wks</i>		
	Immediate <i>Perforation of Bowels</i>		<input type="checkbox"/>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins Jr. M.D.</i>				
	Accident or Suicide? <i>no</i>		Address <i>New Market, Fredk. Co., Md.</i>				



Name
in
Full

Elizabeth Smith

CERTIFICATE OF DEATH

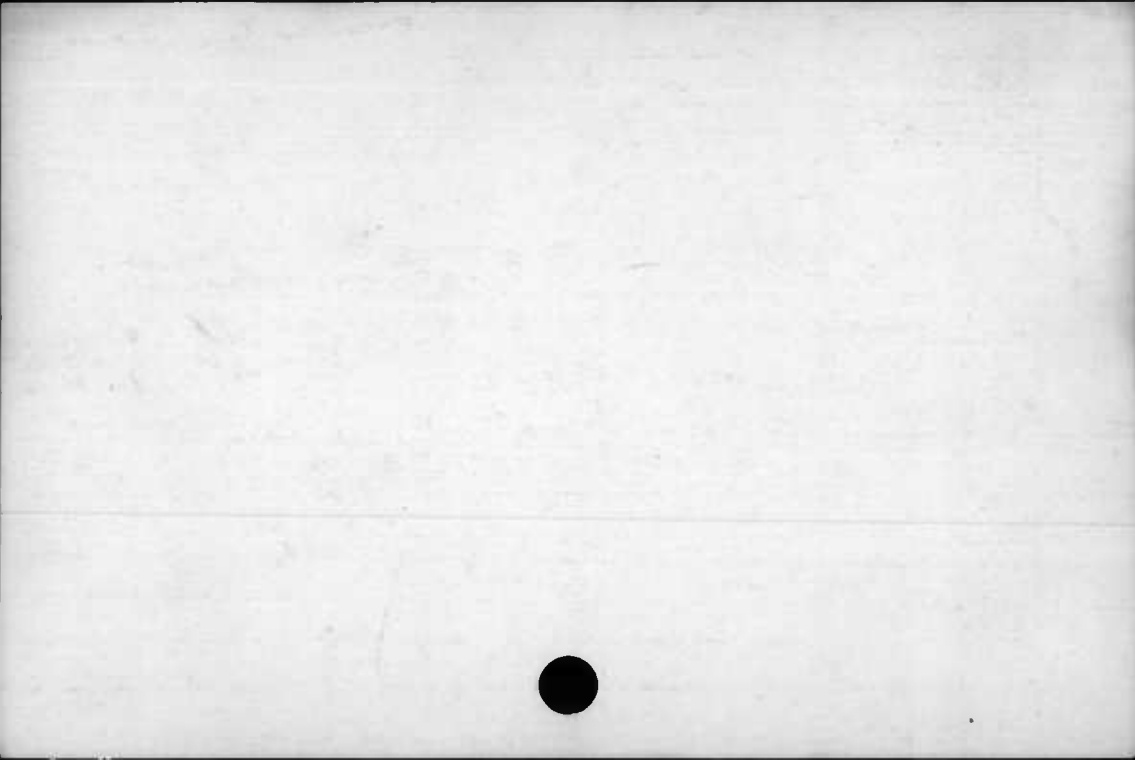
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>5</i>	Age <i>83</i>	Months <i>3</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Washington, D.C.</i>		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Johnathan Smith</i>				
Father's Name <i>Stout</i>	Father's Birthplace <i>Ab. S.</i>		Mother's Birthplace <i>England</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Charles E. Eader</i>		How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <i>Acute Indigestion</i>	How long <i>10</i> <i>a few hours</i>
Immediate <i>Paralysis of Heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>as far as known</i>	Signature of Physician <i>J. O. Hendrix, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Infant of Melvin Smith

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906

6

7

Age

—

—

—

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Melvin Smith

Father's
Birthplace

N. Va

Mother's
Maiden Name

Ida Smith-

Mother's
Birthplace

Md

Name of person giving
Information

D. X

How related
to deceased

X

CAUSES OF DEATH

Primary

Still birth

How long

X

Immediate

How long

X

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

M. D. Long
City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mr. Samuel

Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Johnsville</i>				<i>Frederick</i>		MARYLAND			
		Date of death <i>1905</i>		Month <i>Jan.</i>	Day <i>18</i>	Age <i>77</i>	Years	Months <i>7</i>	Days <i>23</i>		
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
		Occupation <i>Farmer</i>				Where Residing if not at place of death					
		Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband							
		Father's Name <i>John Spurrier</i>		Father's Birthplace <i>Do not know</i>							
Mother's Maiden Name <i>Miss Thomson</i>		Mother's Birthplace <i>Do not know</i>									
Name of person giving information <i>Theresa A. Spurrier</i>		How related to deceased <i>Daughter</i>									
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Cerebral Hemorrhage</i>				How long <i>6 hours</i>					
		Immediate <i>Failure of Respiration</i>				How long					
		Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>				Signature of Physician <i>F. H. Sidwell</i>					
						Address <i>Johnsville, Md.</i>					
		Accident or Suicide?									



Name
in
born

Michael S. Storten

CERTIFICATE OF DEATH

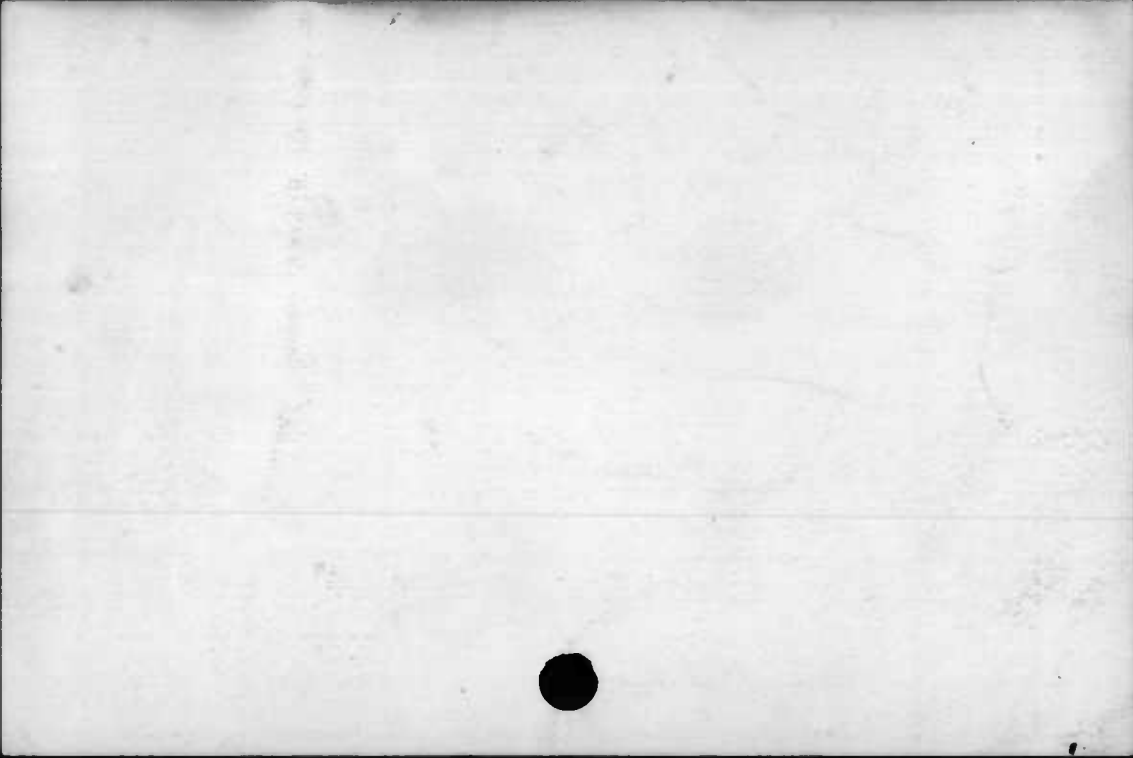
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>23</i>	Years <i>56</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Emmitsburg Ind.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Sara Storten</i>			
Father's Name <i>don't know</i>		Father's Birthplace <i>don't know</i>			
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>don't know</i>			
Name of person giving information <i>J L Goffen</i>		<i>(40)</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H E Stone</i>
	Address <i>Emmitsburg Md.</i>
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> <div style="font-size: 20px; margin: 0 5px;">+</div> <div style="margin: 0 5px;">Accident or Suicide?</div> </div>	



Name
in
Full

Lester L. Tilton

CERTIFICATE OF DEATH

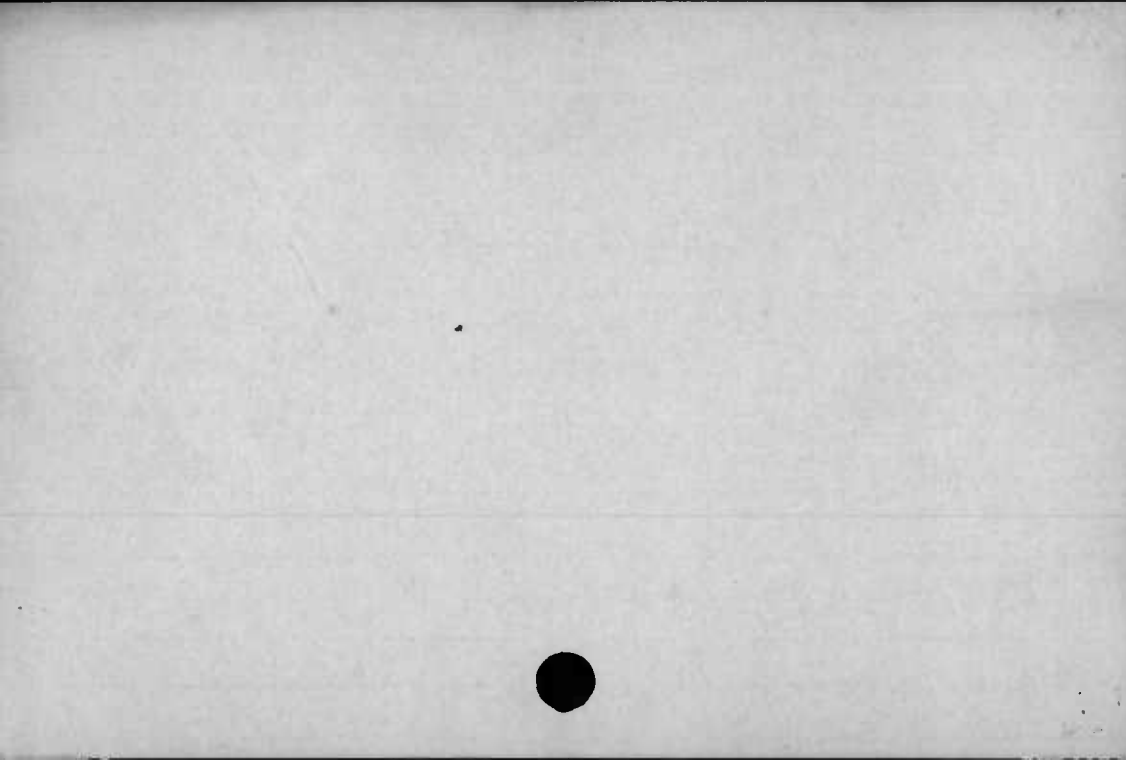
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Knoxville		County Frederick		MARYLAND	
Date of death	1905	Month June	Day 12	Age 1	Years 1	Months 8	Days 20
Sex	male		Color or Race	White		Birth-place	Md
Occupation	chef			Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	W. R. Tilton					Father's Birthplace	Md
Mother's Maiden Name	J. H. Johnson					Mother's Birthplace	Md
Name of person giving information	W. R. Tilton					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis		How long	6 weeks
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	John H. H. H.
			Address	Frederick Co
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Tomb

TO BE ANSWERED BY
NEAREST FRIEND

.MARYLAND

Died at near Garfield

Town

Frederick

County

Date
of death 1905

Month

June

Day

9

Years

Age

—

Months

2

Days

10

Sex

Female

Color or
Race

white

Birth-
place

near Garfield

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles Tomb

Father's
Birthplace

md

Mother's
Maiden Name

Rhoda Lewis

Mother's
Birthplace

md

Name of person giving
Information

Rhoda Tomb

How related
to deceased

mother

CAUSES OF DEATH

Primary

How long

Immediate

Catarrhal Pneumonia

How long

4 wks

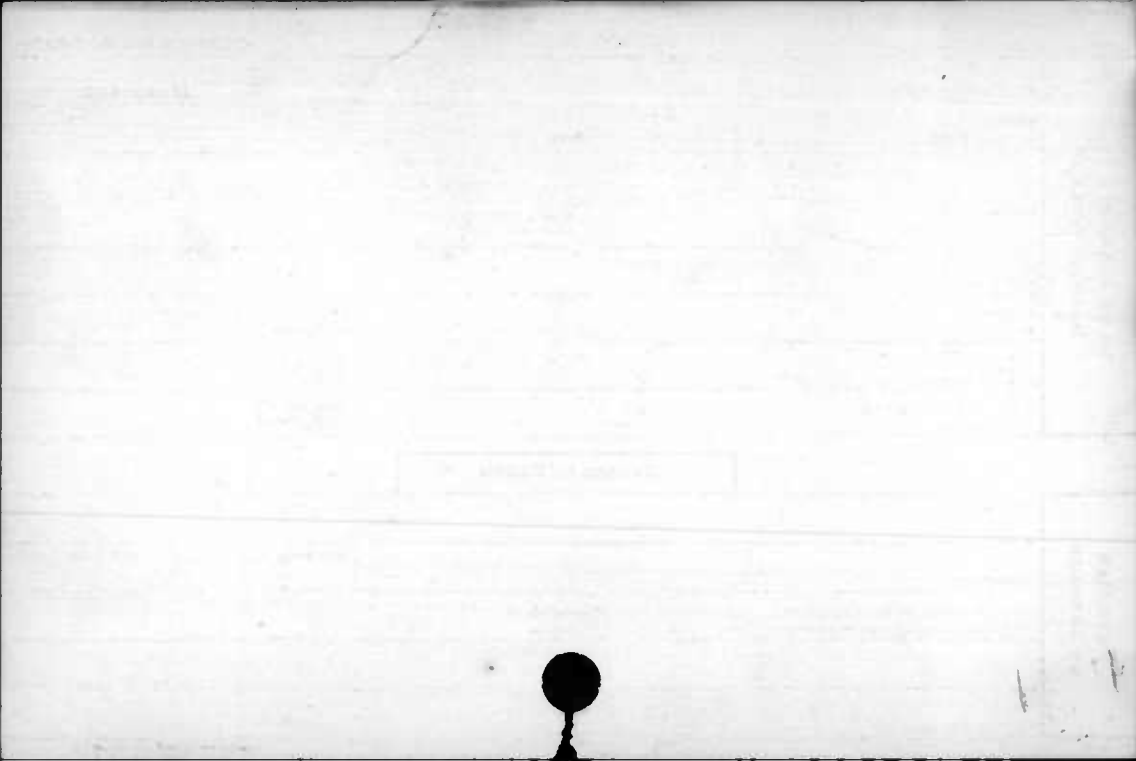
Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
PhysicianH. J. Smith
Woffsville
md

Address

Accident or Suicide?



Name
in
Full

John George Wheller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

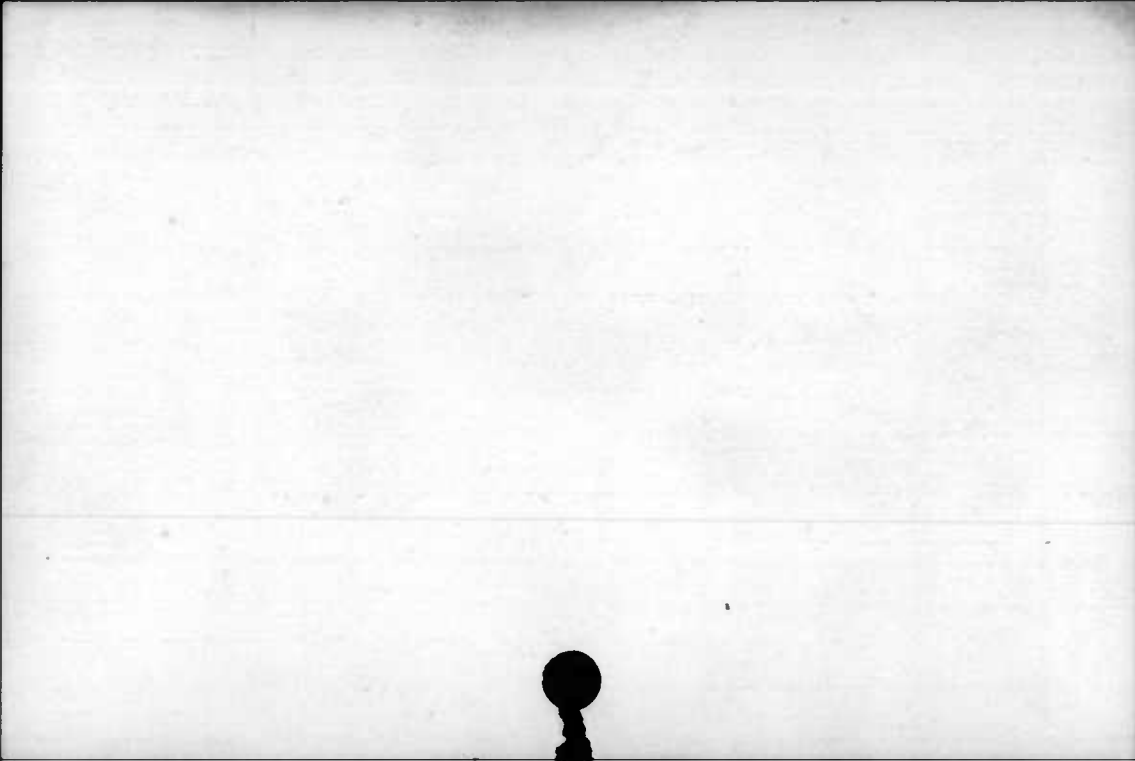
Died at		Town Pinduck		County Pinduck			
Date of death	1905	Month 6	Day 14	Age 40	Years	Months x	Days ✓
Sex	Male		Color or Race	White		Birth- place	les
Occupation	Engineer			Where Residing if not at place of death		Mt Airy	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Gabriel Wheller			Father's Birthplace	
Mother's Maiden Name			Alice C. Edmundson			Mother's Birthplace	
Name of person giving information			J. Leitch Thomas			How related to deceased	
						None	

CAUSES OF DEATH

Primary	Dilatation of Heart		How long	2 mos
Immediate	Paralysis of Heart		How long	2 mos
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Address		
		Brushlee Backus Ind		
Accident or Suicide?		No		

PHYSICIAN
OR CORONER

1



Name
in
Full

Hiram A. Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Foyville		County Frederick		MARYLAND	
Date of death		Month June	Day 29	Years 70	Months 6	Days 4	
Sex Male		Color or Race White		Birth-place			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband Mary Gordon					
Father's Name David A. Wolf		Father's Birthplace Fred Co					
Mother's Maiden Name Margaret M ^{rs} Calvin		Mother's Birthplace " "					
Name of person giving information Elmer A. Wolf		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Liver	How long	about 18 mos.
Immediate	Nephritis + ascites.	How long	6 months.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		E. C. Kefauver	
Address		Thurmont, Md.	
Accident or Suicide?			

